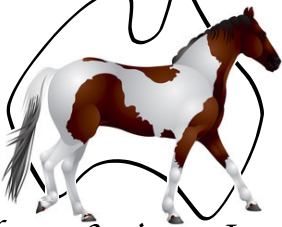


*Independent Pinto*



*Horse Society Inc*

# Certificate of Health

Name of horse: \_\_\_\_\_ Registration #: \_\_\_\_\_

Foaled: \_\_/\_\_/\_\_\_\_ Height: \_\_\_\_hh Colour: \_\_\_\_\_ Micro-chip: \_\_\_\_\_ Brands: \_\_\_\_\_

### Owner's Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(name of Veterinarian, B.V.S) (practise)  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(address) (contact number)

Have examined the above mentioned horse for:

- |   |                          |          |                          |            |
|---|--------------------------|----------|--------------------------|------------|
| Parrot Mouth                                  | <input type="checkbox"/> | Affected | <input type="checkbox"/> | Unaffected |
| Undershot Jaw                                 | <input type="checkbox"/> | Affected | <input type="checkbox"/> | Unaffected |
| Polydactylism<br><small>(Cloven hoof)</small> | <input type="checkbox"/> | Affected | <input type="checkbox"/> | Unaffected |
| Post Hocks/ Legs                              | <input type="checkbox"/> | Affected | <input type="checkbox"/> | Unaffected |
| Sickle Hocked                                 | <input type="checkbox"/> | Affected | <input type="checkbox"/> | Unaffected |
| Cow Hocked                                    | <input type="checkbox"/> | Affected | <input type="checkbox"/> | Unaffected |

Any other defects or comments: \_\_\_\_\_

If stallion, Two fully descended testicles  Yes  No

**Note: A cryptorchid or monorchid stallion is not eligible for registration (to be completed if full before submitted to the Independent Pinto Horse Society).**

Veterinarian's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_