

NATIONAL MINIATURE HORSE SOCIETY OF NEW ZEALAND INC



COMPULSORY VETERINARY CERTIFICATE FOR REGISTRATION OF STALLION OR COLT

This certificate is to be completed by a qualified Veterinarian

I _____ do hereby certify that

I have on this date ____/____/____ examined the following horse:

NAME OF STALLION/COLT: _____

DATE OF BIRTH: _____ HEIGHT: _____ REG NO. _____

COLOUR: _____ BRANDS: _____

OWNED BY: Name:- _____

Address:- _____

Signature:- _____ (Owner)

I have found the stallion/colt to be sound and healthy in the following respects:-

- CONGENITAL CATARACT _____
- OVERSHOT JAW _____
- UNDERSHOT JAW _____
- DWARFISM _____
- MALFORMATION OF GENITALS _____
- LOCKED STIFLE _____
- NASAL DISEASE _____
- OTHER DETERMINABLE GENETIC FAULTS _____

SIGNATURE OF VET: _____

QUALIFICATIONS: _____

Send completed form to:-

The Registrar, Doug Gelling, 19 King Edward Street, Eltham 4332

email regos@saxony.co.nz

Payment may be made by internet to-

NMHSNZ - 02-0424-0049641-000 – please use your SURNAME as reference, REGISTRY in particulars.