The International Spanish Warmblood Horse Association

Veterinary Inspection Form
Foal Approval

<u>All information below must be completed by a licensed veterinarian</u>. Instructions for Veterinarian:

Please inspect the registration papers to verify that you are examining the horse listed below. Please perform a full physical exam on the horse and answer the questions below. If you answer "yes" to any of the questions, please provide details of your findings. If you require additional space, please use the second page of this form.

***The registry will accept slight padding in the movement and knees that are slightly offset. The purpose of this inspection is to ensure that the horse is free of defect that could limit its athletic ability or pass onto its offspring.**

_____ _____ _____ _____

Name of Horse **Microchip #** **Date of Birth (dd/mm/yyyy)** **Registration #**

_____ _____ _____

Sex **Colour** **Markings**

Has this horse ever exhibited symptoms, or been diagnosed with, PSSM or HYPP? _____

Does this horse have an over-bite or under-bite of more than 25%?_____

Does this horse have club foot?_____

On either front leg, does this horse: toe-in by more than 20 degrees?_____ **Toe out by more than 20 degrees?**_____

On either hind leg, does this horse: toe-in by more than 5 degrees? _____ **Toe out by more than 30 degrees?**_____

In your physical exam, did you find any problems in the following areas which could cause significant health or performance problems?

Teeth:_____ **Eyes:**_____ **Heart:**_____

Lungs:_____ **Limbs:**_____ **Hooves:**_____

Please observe the horse at the trot and note any gait abnormalities:

_____

Have you observed any other conditions or structural abnormalities which could limit the horse's athletic longevity or contribute negatively to its offspring?

_____

I hereby verify that the above named horse has been examined and that the information provided on this report is true and correct to the best of my knowledge.

_____ _____ _____ __+_____

Veterinarian's Surname **Given Names** **Phone # (inc Country code e.g. +44-)**

_____ _____ _____ _____ _____

Office address **State/County** **Country**

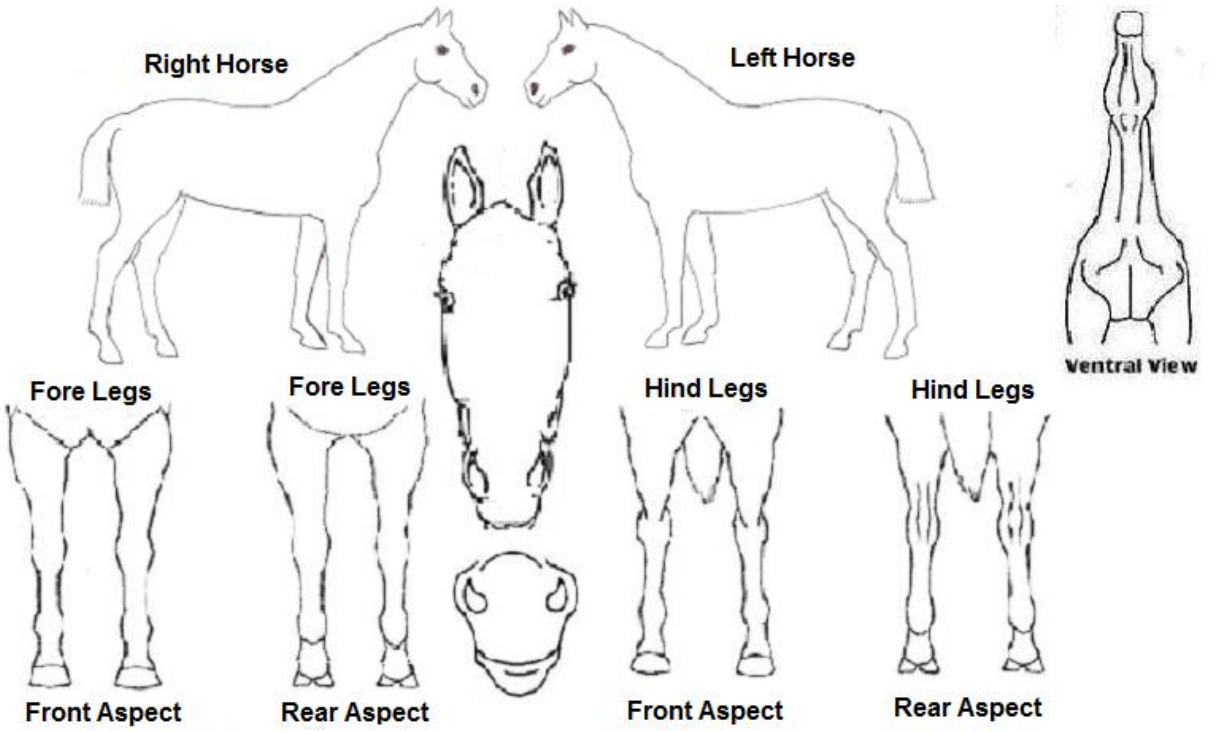
E-mail _____ **Website** _____

Signature_____ **Date**_____**(dd/mm/yyyy)**

Return this form to E-mail: spanishwarmblood@westnet.com.au

Or snail mail: PO Box 65, Cranbrook WA 6321 Australia

Please clearly mark all white markings with black ink. Whorls/cowlicks may be shown with an X



Veterinarian: If you require additional space, please use this second page.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature_____ **Date**_____**(dd/mm/yyyy)**

Return this form to E-mail: spanishwarmblood@westnet.com.au
Or snail mail: PO Box 65, Cranbrook WA 6321 Australia