



The International Spanish Warmblood Horse Association

Veterinary Inspection Form Mature Horse Approval

All information below must be completed by a licensed veterinarian. 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.

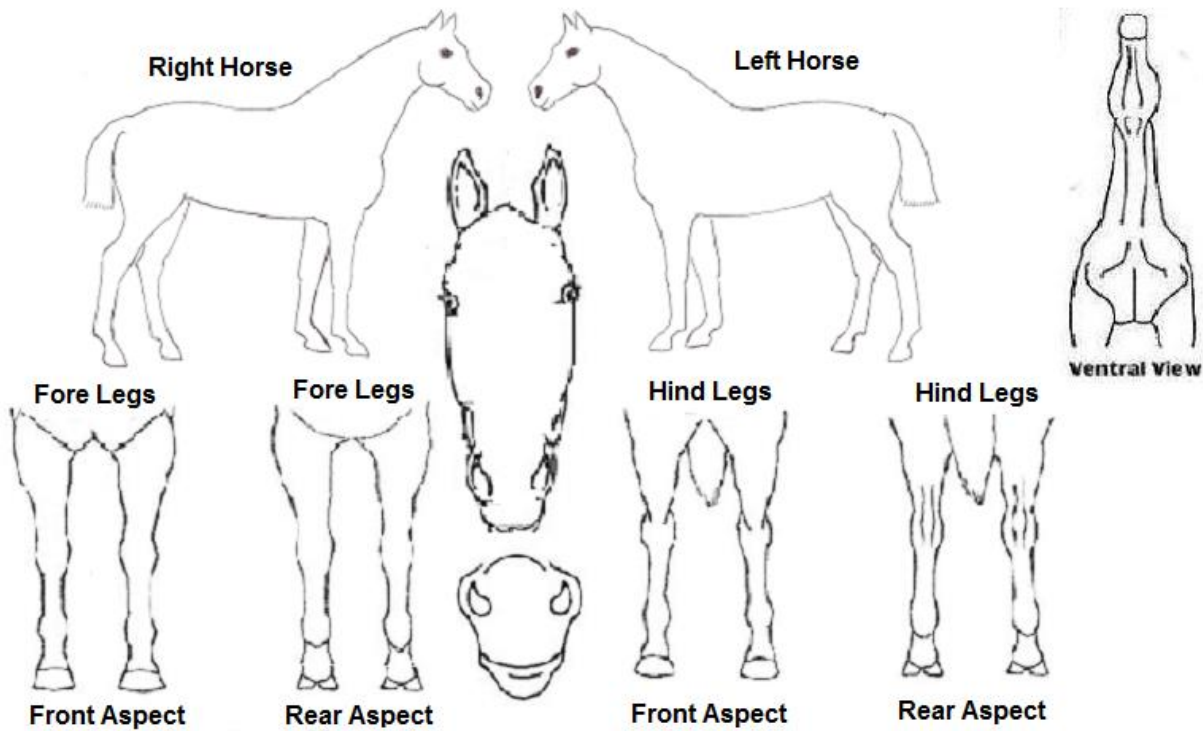
Veterinarian's Surname _____ Given Names _____ + Phone # (inc Country code e.g. +44-) _____

Office address _____ State/County _____ Country _____

E-mail _____ Website _____

Signature _____ Date _____ (dd/mm/yyyy)

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)