

The Dales Pony Society of America, Inc. STALLION LICENSE VET REPORT

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This is to certify that I have this day examined the Dales Pony stallion as detailed below:

Name of the stallion _____ Reg. No. _____

Microchip number _____

Stallion's owners _____

Address: _____

The pony is in my opinion _____ years old.

Bone circumference measurement below the knee is _____

The pony is, in my opinion, (please circle all that apply):

1. is free from clinical signs of contagious or infectious disease.
2. is free from clinical signs of hereditary unsoundness as listed.
3. is free from clinical signs of broken wind.
4. is not lame.

Any comment ? _____

The pony is, in my opinion, free from the following conditions, (please circle all the conditions that it is free from):

- a. Cataract, Aniridia (absence of the iris) or any other eye malformation.
- b. Laryngeal paralysis (roaring or whistling)
- c. Malocclusion of the teeth (Parrot mouth)
- d. Sub-luxation of the patella
- e. Stringhalt, Shivering, Wobbler Disease.
- f. Umbilical or inguinal hernia
- g. Multiple exostoses, Ringbone, Sidebone, Bone Spavin, Navicular Disease
- h. Defective genital organs

The pony (please circle correct answer):

- a) has been examined for wind and has been lunged or ridden and is free from roaring and whistling. Yes No
- b) Has normal genital organs (or) is immature
(or) right/left testicle is slightly smaller.
- c) Has satisfactory / unsatisfactory conformation:

Please add comments on conformation if necessary _____

I recommend that this pony should / should not be approved as suitable for breeding purposes.

(Please state reasons if approval is not recommended)

Signature of Veterinary _____ Date _____

Address; _____ Phone # _____