



**AUSTRALIAN LITTLE HORSE &  
MINIATURE BREEDS ASSOCIATION Inc**

**VETERINARY STALLION CERTIFICATE OF SOUNDNESS FORM**

**This form is to be completed and signed by a qualified Veterinarian only  
Stallion registrations will not be accepted if this form is not attached to the registration application**

Name of Stallion: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Color: \_\_\_\_\_ Height (at date of inspection): \_\_\_\_\_ Date of inspection \_\_\_\_\_

Fire or Freeze Brands N/S: \_\_\_\_\_ O/S; \_\_\_\_\_ Microchip: \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Signature \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Business Ph No: \_\_\_\_\_

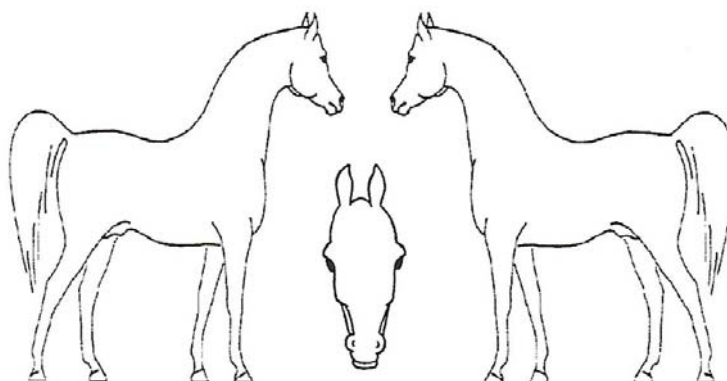
Owners Name: \_\_\_\_\_ M/Ship No: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Signature \_\_\_\_\_

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

Please draw exact diagram of markings & brands  
(shade white areas like this //// in pen)



Vets - Please place an X in the box beside each criteria if in your opinion the horse is suitable to pass inspection.

UNDERSHOT JAW	CONGENITAL CATARACTS	LEG ABNORMALITIES
OVERSHOT JAW	CRYPTORCHID	STIFLE LOCK
PARROT MOUTH	MONORCHID	OTHER DETERMINEABLE DEFORMITIES
DWARFISM	ANY OTHER CONGENITAL MALFORMATION	

Return this form along with Registration Form & appropriate fee to.

Secretary/Registrar  
ALH&MBA Inc  
359A Standen Drive  
Lower Belford NSW 2335  
Phone (02) 4938 1774 (after 7.30pm)  
Email [debbie.lawson@alsglobal.com](mailto:debbie.lawson@alsglobal.com)

ABN Number: 74 067 837 123