



**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: _____

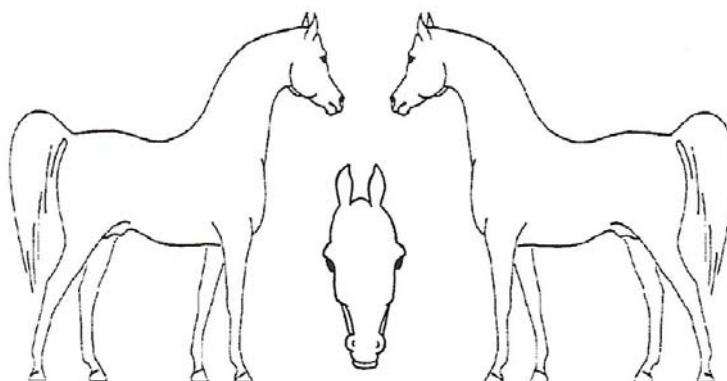
Owners Name: _____ M/Ship No: _____

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

ABN Number: 74 067 837 123