

NORWEGIAN FJORD HORSE REGISTRY
Stallion Veterinarian Certificate

Name of Stallion: _____
NFHR Reg. No.: _____
Date of Birth: _____
Owner's Name : _____
Owner's Address: _____
Owner's City, ST, Zip: _____
Owner's Tel No.: _____

Required of all Stallions age two and over who are presented for listing in the *Fjord Herald Stallion Listing*,
This form is to be completed and signed by a licensed veterinarian.

Color: _____ Markings: (White, brands, tattoos, etc.): _____
Microchip Number (optional) _____
Height in inches: _____ Cannon Bone Circumference in Inches: _____
Name of Sire: _____ Name of Dam: _____
Sire's Reg. No.: _____ Dam's Reg. No.: _____
Date of Examination: _____ Location of Examination: _____

1. Is the **STALLION** free of physiological defects of the genitalia, (ex., cryptorchidism, abnormalities of the epididymis, abnormal testes)? **Yes** _____ / if **No** _____ , please explain.

2. Is the **STALLION** free of abnormalities of the teeth, (ex., overbite, underbite, abnormal wear due to behavior, etc.)? **Yes** _____ / if **No** _____ , please explain.

3. Is the **STALLION** free of respiratory defects, (ex., roaring, heaves, etc.)? **Yes** _____ / if **No** _____ , please explain.

4. Is the **STALLION** sound of vision? **Yes** _____ / if **No** _____ , please explain.

5. Is the **STALLION** free of behavioral or psychological disorders (ex., cribbing, weaving, etc.)? **Yes** _____ / if **No** _____ , please explain.

6. Are the **STALLION's** four hooves normally shaped and sound? **Yes** _____ / if **No** _____ , please explain.

7. This **STALLION** has never had any surgical operations or treatments to correct any structural or genetic defects or deficiencies. **Yes** _____ / if **No** _____ , please explain.

PLEASE ATTACH ADDITIONAL COMMENTS IF NEEDED.

Having personally examined this horse, I certify that these statements are true to the best of my knowledge.

Veterinarian's Signature

Address

Veterinarian's Name (Please print)

City State Zipcode

(_____) _____
Veterinarian's Telephone Number

License No. State

Return completed form to NFHR Registrar, 1801 W County Rd 4, Berthoud, CO 80513.