



KWPN of North America

## Stallion Advice Keuring Veterinary Certificate

Submission of this completed certificate is required for all stallions entering a KWPN-NA Advice Keuring (stallion premium grading). Examination must be completed and form sent to KWPN-NA office with keuring entry.

Stallion name and registration number \_\_\_\_\_

Color \_\_\_\_\_ Markings \_\_\_\_\_

Owner's name \_\_\_\_\_

### To be completed by veterinarian:

1. Is the stallion free of any and all contagious diseases? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are both testicles present and free of abnormalities? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are the mouth and teeth normal (parrot mouth)? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Are the heart and lungs normal on auscultation? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Are the eyes clinically normal? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Is there any evidence of lameness or faulty conformation (curb, spavin, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Has the stallion ever had any surgery or treatment, or is there any evidence or history of surgery, to correct any defects or deficiencies (limb deformity, OCD, roaring, nerving, hernia, check ligament). Yes \_\_\_\_\_ No \_\_\_\_\_

Veterinarian's name (printed) \_\_\_\_\_ State and License number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I certify that the above is true and correct to the best of my knowledge.

Veterinarians signature \_\_\_\_\_

### To be completed by owner:

I hereby certify that to the best of my knowledge the stallion named above has not had any surgery or treatment to correct any defects or deficiencies. I specifically certify that the above named stallion has not had surgery for angular limb deformities, osteochondrosis or other joint deformities or leg deformities (check ligament surgery), hernias of any type, roaring and has not been nerved.

Owner's name (printed) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Owner's signature \_\_\_\_\_

KWPN of North America, KWPN-NA  
609 E. Central Ave. ❖ P.O. Box O  
Sutherlin, OR 97479

Phone: 541-459-3232 ❖ Fax: 541-459-296 7 ❖ E-mail: office@kwpn-na.org