



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 _____

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