



# KWPN of North America

## VETERINARY EXAMINATION OF STALLIONS

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Stallion Name: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Owner: \_\_\_\_\_

Birth Date \_\_\_\_\_

Breed: \_\_\_\_\_

Date of Clinical Inspection: \_\_\_\_\_

Examined by: \_\_\_\_\_

Signature: \_\_\_\_\_

Name

<u>Hooves</u>	L.F.	R.F.	L.R.	R.R.
Shape	_____	_____	_____	_____
Frog	_____	_____	_____	_____
Heel	_____	_____	_____	_____
Test/Pressure	_____	_____	_____	_____

<u>Front Legs</u>	<u>Left</u>	<u>Right</u>
Inspection of entire Limb	_____	_____
Tendons	_____	_____
Joints	_____	_____
Palpate Sesamoid Bones	_____	_____
Flex. Test of Digital Joints	_____	_____

<u>Hind Legs</u>	<u>Left</u>	<u>Right</u>
Inspection of entire Limb	_____	_____
Tendons	_____	_____
Stifle Joints	_____	_____
Hock Joints	_____	_____
Other Joints	_____	_____
Hock Flexion Test	_____	_____

Walk \_\_\_\_\_

Trot \_\_\_\_\_

Sharp turn to left on hard surface      Walk \_\_\_\_\_      Trot \_\_\_\_\_

Sharp turn to right on hard surface      Walk \_\_\_\_\_      Trot \_\_\_\_\_

Testicles \_\_\_\_\_

Peculiarities \_\_\_\_\_

(Abnormalities) \_\_\_\_\_