



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) _____