



KWPN of North America

VETERINARY EXAMINATION OF STALLIONS

KWPN-NA, 4037 Iron Works Parkway, Ste 140, Lexington, KY 40511

Fax: 859-554-0366 ❖ E-mail: drew@kwpn-na.org

Stallion Name: _____ Registration No.: _____
 Owner: _____ Birth Date: _____
 _____ Breed: _____
 Date of Clinical Inspection: _____
 Examined by: _____ Signature: _____
 Name: _____

Hooves	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) _____