



AUSTRALIAN QUARTER HORSE ASSOCIATION

ABN 41 000 964 643

PO BOX 979 TAMWORTH NSW 2340

Telephone: (02) 6762 6444 • Fax: (02) 6762 6422

CERTIFICATE FOR EXAMINATION FOR INITIAL BREEDING FEE

To be fully completed by a Certified Veterinarian

Owner Membership No

Address

Horse's Registered Name Registration No

Does the above named horse have any of the following disqualifying characteristics?

Draw Brands and/or Whorls including all White Markings

Hernia

Overshot/Undershot Jaw

Are both Testicles fully descended
If no, state difference in size eg. 1/2

Are there any palpable abnormalities of the Testicles

If so, describe

Height (indicate exact height regardless of the age of the horse, IBF will not be accepted unless the horse is a minimum of 14hh/142cm)

Colour (please indicate body colour)

I hereby declare that the above is true and correct

Veterinarians Signature Date

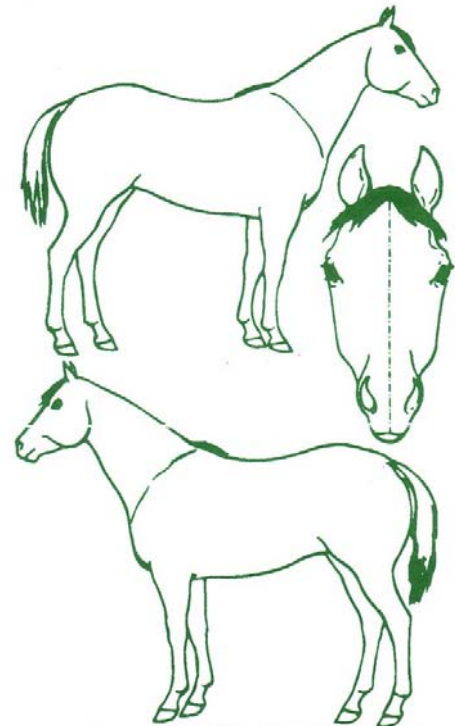
Please **print** details below:

Veterinarians Name

Practice Name

Address

Postcode Phone



FORE LEGS	FRONT VIEW		HIND LEGS
OFFSIDE	NEAR SIDE	OFFSIDE	NEAR SIDE
FORE LEGS	REAR VIEW		HIND LEGS
NEAR SIDE	OFFSIDE	NEAR SIDE	OFFSIDE