

CERTIFICATE OF EXAMINATION FOR INITIAL BREEDING FEE (IBF)

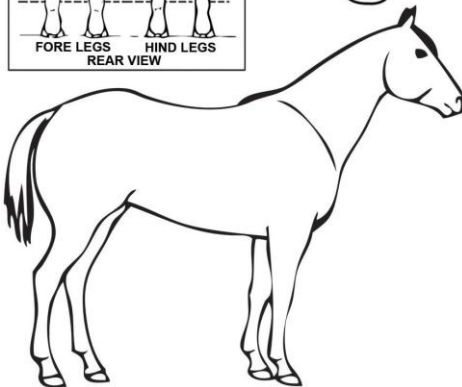
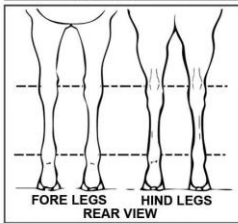
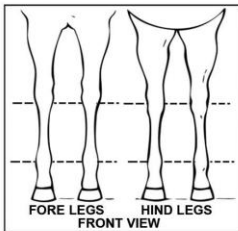
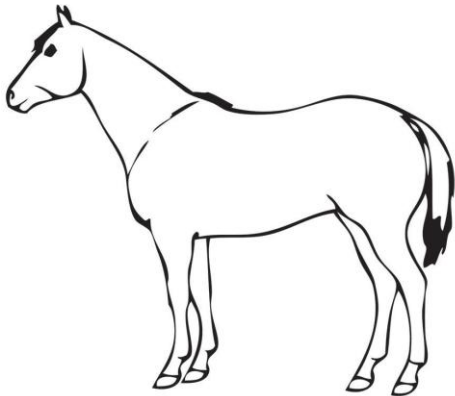
All sections of this form must be completed in full by a veterinarian who is a registered member of the Australian Veterinary Association (AVA).

Registered Name of Stallion: _____ Reg. Number: _____

Owner's Name: _____ Membership Number: _____

Address: _____ Post Code: _____

Important: Mark WHORLS (on head and neck) as X in black pen. Draw carefully all white markings in red felt tip pen. Draw brands in black pen.



Does the above mentioned stallion have:

Overshot/Undershot Jaw	Yes/No
Umbilical Hernia	Yes/No
Height less than 14 hands (142cm)	Yes/No
Both testicles NOT descended and uniform	Yes/No
Monorchid/Cryptorchid testicles	Yes/No
Palpable abnormalities in testicles	Yes/No

If yes, please describe:

Veterinarian's Declaration:

This is to certify that on ____/____/____ I have examined the horse identified above for the IBF process.

Place of examination: _____

Does your practice normally attend this property? Yes/No

Has your practice previously attended this horse? Yes/No

Veterinarians Name: _____

Practice name: _____

Contact Phone Number: _____

Signature: _____

Payment can be made by credit card or cheque made payable to the AQHA. IBF Fee \$550.00.

Name on Credit Card: _____

Credit Card No: _____/_____/_____/_____

Expiry date: ____/____/____ VISA MASTERCARD

I hereby authorise the AQHA to deduct this payment from my Credit Card.

Signature: _____

NB: It is important to note that the IBF process MUST have been completed and the stallion's registration papers have been IBF endorsed prior to the first service taking place.