



Percheron Telersgenootskap van SA Percheron Breeders Society of SA

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CERTIFICATE OF SOUNDNESS

OWNER _____

ADDRESS _____

PERSON REQUESTING EXAMINATION _____

LOCATION OF THE HORSE AT TIME OF EXAMINATION _____

NAME OF HORSE _____ REG.NO: _____ MICROCHIP.NO: _____

COLOUR _____ SEX _____

DATE OF BIRTH _____ HEIGHT _____ at AGE _____

SIRE _____ REG.NO: _____

DAM _____ REG.NO: _____

HAIR SAMPLE TAKEN FOR DNA TYPING YES NO

CLINICAL EXAMINATION

Are the following within the range of NORMAL. Please answer **yes** or **no**.

1. Genital organs _____
2. Heart and lungs at rest _____
3. Stifle (including patella) _____
4. Hocks _____
5. Other parts of the muscular skeletal system _____
6. Eyes and associated structures _____
7. Feet _____
8. Umbilical and inguinal regions _____
9. Action and conformation _____
10. Mouth _____

Please note that the following are considered serious abnormalities: retained testicles, undershot or over-shot jaw, luxation or upward fixation of patella, evidence of inguinal or umbilical hernia repair.

Please comment on any abnormalities detected _____

PRACTICE NAME AND ADDRESS _____

VETERINARY SURGEON (Print _____

SIGNED _____ DATED _____