

Form Revised 2/12/2015

Height: \_\_\_\_\_ h \_\_\_\_\_ inches

Age at measurement: \_\_\_\_\_  
(Minimum age for Height Record is 2 yrs.)  
Signature of Veterinarian or show steward  
or authorized person:  
\_\_\_\_\_



Return this form to:  
ACPS  
PO Box 100  
Middlebrook, VA 24459  
Use this form for Stallion Registration and  
Inspection  
HWSD result: \_\_\_\_\_  
  
DNA sampled \_\_\_\_\_

## AMERICAN CONNEMARA PONY SOCIETY

### Veterinarian Examination Report Form

*Stallion Registration: Prospects must meet all ACPS requirements for registration in the purebred Stud Book. Stallions must be at least 2 years of age. Applicants must be free of all visible inheritable abnormalities, i.e., parrot mouth (overshot or undershot jaw), cryptorchid or monorchid (less than two testicles descended into the scrotum). All stallions must be DNA sampled, HWSD tested, and the results must be on file with the ACPS Secretary before offspring are eligible for registration. If stallions do not have HWSD results on file, the foal must be HWSD tested to register.*

Pony Name: \_\_\_\_\_ ACPS Reg. Number: \_\_\_\_\_

Date: \_\_\_\_\_ Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

- Eyes: free from problems.  
 Yes     No    Comments: \_\_\_\_\_
- Mouth: Upper and lower incisors meet without a gap in such a way as to permit normal wear. Parrot (i.e. overshot) and bulldog (i.e. undershot) mouth or any other deviation from an even bite is unacceptable. If in question, the jaw alignment must be considered  
 Yes     No    Comments: \_\_\_\_\_
- Skin: Free from evidence of chronic allergic conditions that could be hereditary.  
 Yes     No    Comments: \_\_\_\_\_
- Feet: Well formed, substantial feet, clubfoot is unacceptable.  
 Yes     No    Comments: \_\_\_\_\_
- Heart and lungs, without apparent hereditary defects.  
 Yes     No    Comments: \_\_\_\_\_
- Reproductive anatomy appears normal. Cryptorchid or monorchid is unacceptable.  
 Yes     No    Comments: \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_

Veterinarian's name, printed: \_\_\_\_\_ License number \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_