

**CONNEMARA PONY BREEDERS' SOCIETY OF AUSTRALIA INC.**



President:  
Mrs Diane Brown  
271 Injemira Road  
GRASSMERE VIC 3281  
Ph: 03 5565 4589

Secretary:  
Tearna Goldston  
PO Box 245,  
CAMPBELL ACT 2612  
Ph: 0439150520

**CERTIFICATE OF SUITABILITY FOR CONNEMARA STALLION / MARE**

Owner \_\_\_\_\_

Owner Address \_\_\_\_\_

Person Requesting Examination \_\_\_\_\_

Address \_\_\_\_\_

Name of Pony Presented \_\_\_\_\_

Registration No \_\_\_\_\_ Brands \_\_\_\_\_

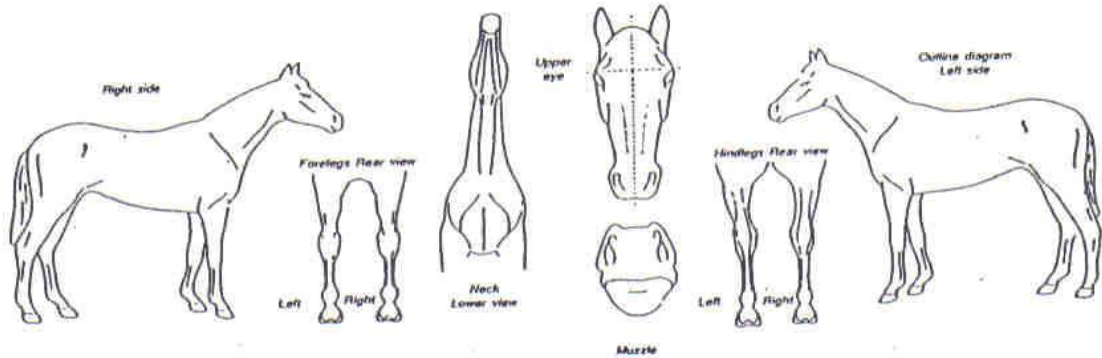
Colour \_\_\_\_\_ Sex \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_

Sire \_\_\_\_\_ Colour \_\_\_\_\_ Reg.No: \_\_\_\_\_

Dam \_\_\_\_\_ Colour \_\_\_\_\_ Reg.No: \_\_\_\_\_

**Description of Pony**



**CLINICAL EXAMINATION**

I have examined the pony described above and in my opinion, as far as assessable, there is no evidence of the defects listed hereunder and the pony shows no obvious defect in conformation which may predispose to unsoundness for riding or breeding.

- Congenital eye defects
- Cleft Palate
- Parrot Mouth (under 5.00mms permitted)
- Defective Genital Organs
- Locking Stifle
- Ringbone
- Side bone
- Curb
- Club feet

- Bog Spavin
- Hernia (umbilical or scrotal)
- Stringhalt (Congenital)
- Albinism
- Wobbler Syndrome
- Cryptorchidism or monorchidism
- Ostio Chronodditis Dessicans (OCD)
- Bone Spavin

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Signed \_\_\_\_\_ ( Veterinary Surgeon )

Date \_\_\_\_\_

**THIS FORM TO BE SENT DIRECTLY TO FEDERAL SECRETARY BY VETERINARIAN.**