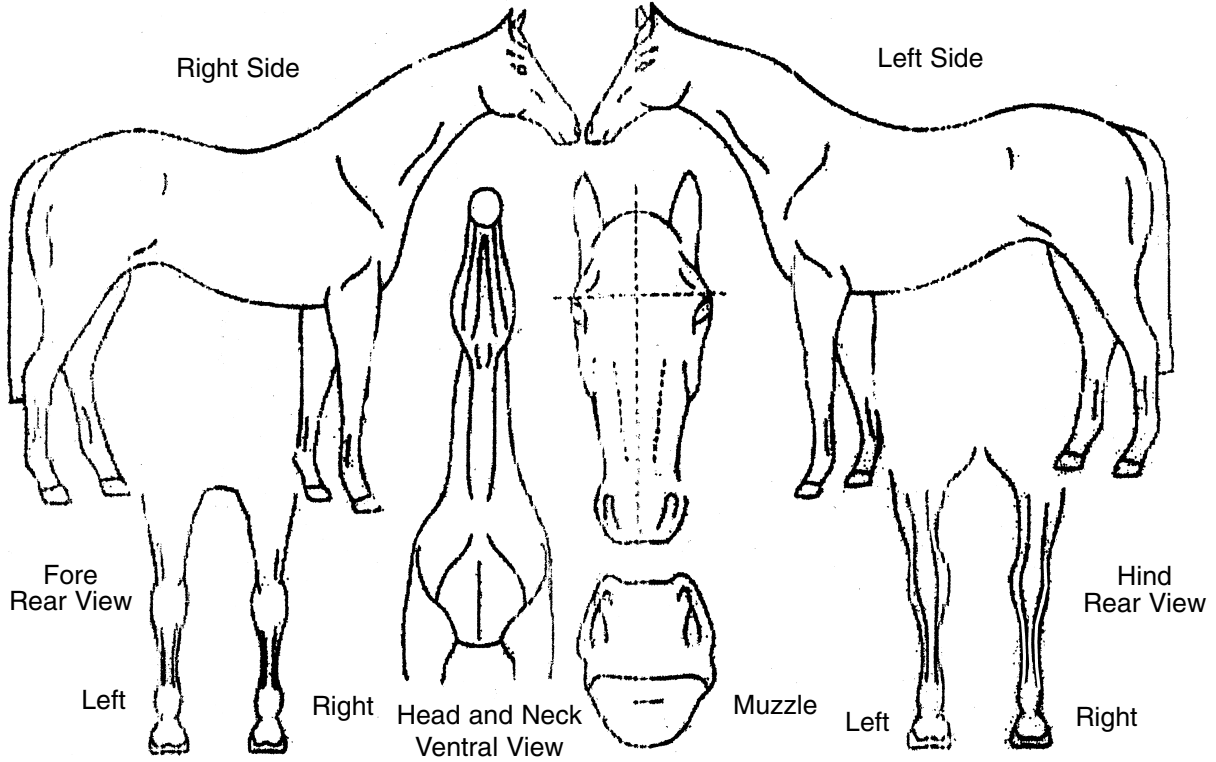


# MARE GRADING CERTIFICATE

To be completed by Veterinary Surgeon  
nominated by the Owner

## IDENTIFICATION

Name of Horse	Breed/Type	Colour	Date of Birth



- Instructions:**
1. Written descriptions should be in block capitals.
  2. Written descriptions and diagrams should agree.
  3. All markings should be hatched in red.
  4. Whorls must be shown thus 'X' and described below in detail.

Head: \_\_\_\_\_

Neck: \_\_\_\_\_

Limbs: L.F. \_\_\_\_\_

R.F. \_\_\_\_\_

L.H. \_\_\_\_\_

R.H. \_\_\_\_\_

Body: \_\_\_\_\_

Acquired Marks/Brands: \_\_\_\_\_

Height: \_\_\_\_\_ (Hands) \_\_\_\_\_ (cms) With/Without Shoes.

Bone: \_\_\_\_\_ (Inches) \_\_\_\_\_ (cms)

Girth: \_\_\_\_\_ (Inches) \_\_\_\_\_ (cms)

The Property of (Name & Address): \_\_\_\_\_

At (Place of Examination): \_\_\_\_\_ Date: \_\_\_\_\_

The examination is carried out substantially in accordance with the standard procedure recommended by the R.C.V.S and the B.V.A. (Joint Memorandum on the Examination of Horses 1976 revised 1985). The examination is set out in three stages:

1. Preliminary examination.
2. In-hand exercise.
3. Second trot up and foot examination.

Evidence of any disease or defect should be assessed with regard to these permanently rendering the animal unsuitable for breeding. Each animal should be qualified with pertinent comments. "Satisfactory" is acceptable as a minimal opinion.

## 1. Preliminary Examination

a. Conformation: The Conformation is entirely a matter for the breed society. However, conformation which is potentially deleterious or detrimental to athletic ability or durability should be recorded and discussed.

\_\_\_\_\_

\_\_\_\_\_

b. Head \_\_\_\_\_

c. Neck \_\_\_\_\_

d. Limbs L.F. \_\_\_\_\_

R.F. \_\_\_\_\_

L.H. \_\_\_\_\_

R.H. \_\_\_\_\_

e. Body \_\_\_\_\_

\_\_\_\_\_

## 2. In-Hand Exercise

Action at the walk and trot on a hard level surface. \_\_\_\_\_

Turning in the horse's own length and trotting away. \_\_\_\_\_

Backing. \_\_\_\_\_

Distal limb flexion tests. \_\_\_\_\_

## 3. Second Trot up and Foot Examination

*Note.* This external examination does not include any special techniques other than:

- i. Blood typing.
- ii. Blood samples for non-normal nutrients.

At the examining veterinary surgeon's request other special techniques such as endoscopy, radiography, ultrasonography and haematological examinations may be used.

Special techniques and findings performed: \_\_\_\_\_

\_\_\_\_\_

*I found no clinical signs of disease, injury of physical abnormality which may render the above horse permanently unsuitable for stud purposes other than recorded above. In my opinion this horse is clinically free from conformation defects currently thought to be heritable.*

*This clinical examination is not such as to determine this horse's athletic ability and durability with particular regard to such diseases or injuries which might compromise these.*

Veterinary Surgeon's name \_\_\_\_\_ (BLOCK CAPITALS)

Address \_\_\_\_\_

\_\_\_\_\_

Veterinary Surgeon's signature \_\_\_\_\_ Date of signature \_\_\_\_\_

I certify that the above horse has not been administered any non-normal nutrients within the previous three weeks.

Owners name \_\_\_\_\_ (BLOCK CAPITALS)

Address \_\_\_\_\_

\_\_\_\_\_

Owner's signature: \_\_\_\_\_ Date of signature \_\_\_\_\_

## DIRECTIVES FOR VETERINARY SURGEONS

The enclosed certificate is in respect of a stallion/mare, which the owner required to be inspected at his/her own expense.

You are requested to determine whether the stallion/mare is affected by disease or conformation defects, which would render it unsuitable for breeding. Please see enclosed veterinary standards relating to the approval of stallions.

Should the animal inspected be affected by any one of the conditions to an extent rendering you unable to certify that it is suitable for breeding purposes, please return the unsigned certificate with a statement specifying the reasons.

**PLEASE FILL IN COMPLETELY.**

**I am/am not the veterinary surgeon who normally attends this animal.**

**I have/have not attended this animal in respect of lameness in any limb in the last twelve months.**

**I have/have not prescribed phenylbutazone.**

**IF YOU HAVE ATTENDED THIS ANIMAL PLEASE GIVE DETAILS BELOW, IN FULL WITH TREATMENT.**

**I have/have not treated this animal for any wind defect in the last twelve months.**

**I, THE UNDERSIGNED, CERTIFY THAT I HAVE IDENTIFIED AND EXAMINED THE HORSE DESCRIBED ON THE ATTACHED CERTIFICATE. I FIND THE ANIMAL SUITABLE FOR BREEDING PURPOSES.**

**Signed: ..... Stamp: .....**

**Address: .....**

.....

**Date: .....**

***RETURN THIS CERTIFICATE WITH YOUR ENTRY FORM AND FEE.***