

BAPSH REGISTER II- PRE PARTBRED STALLIONS
APPLICATION FOR BREEDING APPROVAL - PART TWO

TO BE COMPLETED* BY MRCVS EQUINE VET AFTER THOROUGH EXAMINATION OF STALLION FOR PRESENCE OR ABSENCE OF UNDESIRABLE INHERITABLE TRAITS. ***DELETE the answer that does not apply to horse.**

HORSE NAME..... **UELN**.....

MICROCHIP No _ _ _ _ _ (Confirm Active/Inactive) **PASSPORT I.D.** Correct To Horse YES/NO

STATIC INSPECTION

DATE OF INSPECTION...../...../ 20 _ _

1. MOUTH

- | | |
|--|--------|
| a. Absence of evidence of malformation/misalignment of the teeth | YES/NO |
| b. Absence of evidence of malformation/misalignment of the jaw | YES/NO |
| c. Absence of evidence of cleft palate to any degree | YES/NO |

2.EYES

- a. Righteye
LENS - NORMAL/ABNORMAL. IRIS - NORMAL/ABNORMAL. RETINA - NORMAL/ABNORMAL.
- b. Lefteye
LENS - NORMAL/ABNORMAL. IRIS - NORMAL/ABNORMAL. RETINA - NORMAL/ABNORMAL.

3.THROAT

Throat is free from any signs of operation for wind defects. YES/NO

4.LIMBS

- | | | |
|----------------|---|--------|
| a.Rightfront - | LEG free from inheritable abnormalities/ diseases | YES/NO |
| | FOOT free from inheritable abnormalities/diseases | YES/NO |
| b.Leftfront - | LEG free from inheritable abnormalities/ diseases | YES/NO |
| | FOOT free from inheritable abnormalities/diseases | YES/NO |
| c.Righthind - | LEG free from inheritable abnormalities/ diseases | YES/NO |
| | FOOT free from inheritable abnormalities/diseases | YES/NO |
| d.Lefthind - | LEG free from inheritable abnormalities/ diseases | YES/NO |
| | FOOT free from inheritable abnormalities/diseases | YES/NO |

5.GENITALIA

- | | | |
|---------------|--|--------|
| a.TESTICLES - | normal texture, freely mobile, & correctly orientated in scrotum | YES/NO |
| b.SHEATH - | normal shape and free from abnormalities | YES/NO |
| c.PENIS - | normal shape and free from abnormalities | YES/NO |

6.HERNIAS -

- | | |
|---|--------|
| absence of evidence of INGUINAL HERNIA | YES/NO |
| absence of evidence of SCROTAL HERNIA | YES/NO |
| absence of evidence of UMBILICAL HERNIA | YES/NO |

If the answer to any of the above is '**No**' or '**Abnormal**' then please describe the defect on an attached page.

MOVING INSPECTION

Movement at walk and trot, turning and backing shows the stallion to be free from the following defects

- | | |
|--|--------|
| Free from LOCKING PATELLA | YES/NO |
| Free from signs of STRINGHALT | YES/NO |
| Free from signs of WOBBLER DISEASE | YES/NO |
| Free of OTHER LAMENESS IN ALL FOUR LIMBS | YES/NO |

If the answer is 'No' for any of the above problems then please describe the nature and severity of the problem on an attached page. NB: Any lameness will require further veterinary investigation.

SIGNED.....

FULL NAME.....

PRACTICE ADDRESS.....

STAMP

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