



# The Caspian Horse Society of The Americas

Vicki Hudgins, CHSA Registrar  
P.O. Box 1589  
Brenham, Texas 77834-1589

Phone (979) 251-7305 or 979-830-5593  
Fax (979) 830-1566  
E-mail CHSAregistrar@aol.com

## Veterinary Examination Certificate

### VETERINARY STANDARDS RELATING TO STALLION LICENSING

You are asked to study the conformation and general appearance entirely on veterinary grounds (breed conformation is a matter for the breed society, to NASTA guidelines). Certain problems, such as navicular disease, wind defects, ringbone, injuries due to accidents, etc., should be noted. Attention should be paid to those that may indicate possible conformation flaws that are not the result of environmental disease or injury. *Note : Please complete the Horse Identifier on the reverse of this form and mail directly to the CHSA Registry. Additional information or explanation may be included on separate page.*

- Head & Mouth** Malformation of the teeth and jaws: e.g. parrot mouth, bulldog mouth. Abnormalities of the cornea, lens, iris or retina: cataract
- Neck & Chest** General conformation
- Fore Limbs** General conformation: any lateral deviation or abnormal structure of the shoulder, knees, or pasterns: calf knees, contracted tendons, toe in, toe out, etc.
- Hind Limbs** General conformation: cow hocks, sickle hocks, curbs, bone or bog spavin
- Fore & Hind Feet** General appearance: heel weakness or flat feet (Caspians may feet that are oval)
- Body** General appearance: evidence of being permanently affected with any contagious or infectious disease: umbilical hernia, sway back, roach back
- Genitalia** Any disparity in size, texture, and degree of decent of the testicle: cryptorchidism
- Movement** When led, study action at walk, trot also turning and backing for evidence of stringhalt, shivering, upward fixation of patella, and wobblers disease. When lunged, look for any evidence of wind defects: roarer, heaves. Test heart rate after lunging and again after rest for any abnormalities.

Topic	✓ if Normal	Description if Adverse Condition is Present
Head & Mouth		
Eyes		
Neck & Chest		
Fore Limbs		
Hind Limbs		
Fore Feet		
Hind Feet		
Body		
Genitalia		
Movement Led		
Lunged		
Heart Rate		
Other Comments		

Horse Name \_\_\_\_\_ Date of Exam \_\_\_\_\_

Name of Veterinary Practice \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Veterinarian \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_