



Canadian Shire Horse Association

Submit to:
Canadian Livestock Records Corporation
2417 Holly Lane
Ottawa, On K1V 0M7
Email: clrc@clrc.ca

Veterinarian Stallion Inspection

Name of Animal:

Date of Birth:

Name and Address of Owner:

The Canadian Shire Horse Association requires that all Notified Colts are inspected by a qualified Veterinarian to ensure they comply with the "Breed Standard", adopted from the Shire Horse Society, prior to being issued a Stallion Registration. Please refer to the Standard as you complete your inspection.

1. Initial Inspection:

- Inspect the horse from a reasonable distance, and assess the conformation. If you feel the horse has a serious defect in conformation please record this.

Comment:

Pass / Fail

2. Detailed Examination:

- Examine the horse in detail and tick the following to indicate that you have considered and eliminated the following conditions:

- a. Parrot Mouth or mal-development of the jaws _____
- b. Wall eye _____
- c. Cataract _____
- d. Umbilical Hernia _____
- e. Either Testicle not fully descended _____
Testicular size _____
- f. Inguinal Hernia _____
- g. Clinical signs of Laryngeal Hemiplegia _____
- h. Sidebone _____
- i. Ringbone _____
- j. Osteochondrosis dissecans _____
- k. Shivering _____
- l. Stringhalt _____
- m. Spavin _____
- n. Wobbler Disease _____
- o. Subluxation of the patella _____

Comment:

Pass / Fail



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- 3. Walk and Trot: Pass / Fail

- 4. Flexion test of all limbs: Pass / Fail

- 5. Back the horse and turn in both directions: Pass / Fail

- 6. General Health – normal heart & respiration: Pass / Fail

- 7. Height: _____ Hands

- 8. Record Colour: _____

Inspection Summary:

A failure recorded in any of the above sections will result in the automatic failure of the Veterinary Inspection.

Veterinary Inspection Pass / Fail
Comment and reason for failure if applicable:

I certify that I have examined the animal as identified on this document and verify that he meets the “Breed Standard” as required by the Canadian Shire Horse Association for registration.

Name and Address of Veterinarian:

Date Signature of Veterinarian

Review Completed:

Date Signature of CSHA Veterinarian