



The Welsh Pony and Cob Society, Africa
Die Walliese Ponie en Cob Genootskap, Afrika

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INSPECTION FORM FOR STALLION CERTIFICATE

(Complete the form in block letters please)

NAME OF COLT/STALLION	
REGISTRATION NUMBER	
DATE OF BIRTH	
DNA NUMBER	
BRIEF DESCRIPTION OF COLOUR AND MARKINGS	

This is to certify that I have examined the Welsh Colt/Stallion above. In my opinion he is free from hereditary disease including cataract, defective genital organs (including cryptorchidism), roaring, whistling, ringbone, sidebone, bone spavin, shivering, subluxation of the patella, stringhalt and malocclusion of teeth. He has no defective or inferior conformation.

VETERINARY SURGEON	SIGNATURE	
	NAME	
	REGISTRATION NO.	
	TELEPHONE NO	
	ADDRESS	
	DATE	
	PRACTICE STAMP	
OWNER OF STALLION	NAME	
	SIGNATURE	
	TELEPHONE NUMBER	
	ADDRESS	

NB This certificate will not be valid unless signed by a Veterinary Surgeon. It in no way guarantees fertility. The Society may require any colt/stallion holding a Stallion Certificate to be examined at any time for the purpose of ascertaining that there are no grounds for the revoking of the Certificate.

For office use only	Date registered with NSBA	
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