



Pre-Inspection Veterinary Screening Examination of Stallion 2022

Name of Stallion: _____ Year of Birth _____

Registration No.: _____ Microchip No: _____

I have identified this horse from his passport and microchip (please tick):

	Normal	Abnormal
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Mouth	<input type="checkbox"/>	<input type="checkbox"/>

Limbs:

	Normal	Abnormal
LF	<input type="checkbox"/>	<input type="checkbox"/>
RF	<input type="checkbox"/>	<input type="checkbox"/>
LH	<input type="checkbox"/>	<input type="checkbox"/>
RH	<input type="checkbox"/>	<input type="checkbox"/>

Flexion Tests:	
LF	<input type="checkbox"/>
RF	<input type="checkbox"/>
LH	<input type="checkbox"/>
RH	<input type="checkbox"/>

Yes No

Neurological Conditions:

Shivering, Stringhalt, Wobbler, etc.

Evidence of:	Yes	No
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Sarcoids	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>

Normal	Abnormal
<input type="checkbox"/>	<input type="checkbox"/>

Examination of Genitalia:

Lunging and Scoping Examinations MUST be carried out.

Normal Abnormal

Lunging Wind:

Endoscopic Examination

Evidence of:	Yes	No
Laryngeal Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>
Grade (J.G. Lane System):	1 2 3 4 5	

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Evidence of Abnormalities

Hobdayed, Subepiglottic Cyst, Rostral Displacement of the Palatopharyngeal Arch, Upwards Displacement of the Soft Palate, Cleft Palate.

PLEASE NOTE: Requirement for 2022 to perform a test for Warmblood Fragile Foal Syndrome (WFFS).



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Other Observations:



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Comments:

This report is valid solely for the purposes of the classification of stallions on the Irish Draught Studbook and Irish Draught Sport Horse Studbook as appropriate, which is maintained by the Irish Draught Horse Society of Canada. This report has no relevance to any other party particularly in relation to sale. Neither the examining veterinarian, nor Irish Draught Horse Society of Canada shall be in any way liable for any misdescription contained herein or for any resultant loss in value arising from the descriptions in this report. Veterinarians who examine stallions for the purpose of this report shall not be held liable for statements herein.

I hereby certify that I have, this day, examined the above described stallion having identified him from his passport. I declare that neither I nor any members of this practice have any vested interest in the stallion which is the subject of this examination.

Signed: _____ **Date:** ___/___/_____

Veterinarian Stamp



Pre-Inspection Veterinary Screening Examination of Stallion 2022

Name of Stallion: _____ Year of Birth _____

Registration No.: _____ Microchip No: _____

I have identified this horse from his passport and microchip (please tick):

X-rays can only be carried out by veterinary practices certified by the Veterinary Medical Association within the province of residence.

RIGHT FORE:(shoe removed)

1. * Lateromedial views of the phalanges-including coffin, pastern and fetlock joints..... **LM**
2. * Dorso-palmar views of the phalanges- including coffin, pastern and fetlock joints**DP**
3. Dorso-palmar projection with the toe of the foot in a foot block (dorsoproximal-palmarodistal oblique or Oxspring view). The navicular bone must be displayed in the distal half of the middle phalanx and should not overlap the joint space of the coffin joint.....**DPr-PaDiO**

LEFT FORE:(shoe removed)

4. * Lateromedial views of the phalanges-including coffin, pastern and fetlock joints **LM**
5. * Dorso-palmar views of the phalanges- including coffin, pastern and fetlock joints**DP**
6. Dorso-palmar projection with the toe of the foot in a foot block (dorsoproximal-palmarodistal oblique or Oxspring view). The navicular bone must be displayed in the distal half of the middle phalanx and should not overlap the joint space of the coffin joint.....**DPr-PaDiO**

RIGHT STIFLE:

7. Lateromedial views including the patella, femoral trochlear ridges and femoral condyles. **LM**

LEFT STIFLE:

8. Lateromedial views including the patella, femoral trochlear ridges and femoral condyles. **LM**

RIGHT HOCK:

9. Lateromedial..... **LM**
10. Dorsolateral plantaromedial oblique.....**DLPIMO**
11. Dorsomedial plantarolateral oblique.....**DMPILO**

LEFT HOCK:

12. Lateromedial **LM**
13. Dorsolateral plantaromedial oblique.....**DLPIMO**
14. Dorsomedial plantarolateral

oblique.....DMPILO RIGHT HIND FOOT:

15. Lateromedial (LM) including fetlock, pastern and coffin
 - a. joints and the distal phalanx..... **LM**

LEFT HIND FOOT:

16. Lateromedial (LM) including fetlock, pastern and coffin joints and the distal phalanx..... **LM**

*** THESE VIEWS CAN BE SPLIT INTO SEPARATE VIEWS OF FETLOCK & FOOT IF NECESSARY.**

RADIOGRAPHS MUST BE IDENTIFIED WITH THE STALLION NAME, DATE OF X-RAY, AND MUST IDENTIFY RIGHT OR LEFT LIMB. PHALANGES MUST BE LABELLED FORE OR HIND. THE PROJECTIONS/VIEWS MUST BE ACCURATE. THE DEFINITIONS OF BONES, JOINTS AND SOFT TISSUE OUTLINES SHOULD BE CLEARLY VISIBLE.

NOTE: Please do not affix a label to the CD as this may prevent the disk from playing correctly in the drive.



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Other Observations:

Please note that all questions in the above reports must be completed in full.

I hereby certify that I have this day taken radiographs of the above-described stallion having identified him from his passport. I declare that neither I nor any members of this practice have any vested interest in the stallion which is the subject of this examination.

Signature and Stamp of Veterinarian

Date: ___/___/_____

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