

**RHEINLAND PFALZ-SAAR, INT'L.**  
**P. O. Box 429**  
**Murdo, SD 57559**  
**Telephone: (605) 669-2200**  
**Fax: (605) 734-8060**  
**Website: www.rhpsi.com**  
**E-mail: info@rhpsi.com**



Member: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

### **APPLICATION FOR STALLION LICENSING**

Stallion: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

I am aware that RPSI membership is required to have a stallion license.

\_\_\_\_\_  
Date, Place

\_\_\_\_\_  
Signature



RHEINLAND PFALZ-SAAR  
INTERNATIONAL

**VETERINARY EXAM PROTOCOL**

Stallion's Name : \_\_\_\_\_

Registration Number: \_\_\_\_\_

Born: \_\_\_\_\_

Color: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Owner of Stallion: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

## EXAM PROTOCOL

1. Condition: \_\_\_\_\_  
\_\_\_\_\_
2. Skin and Hair Coat: \_\_\_\_\_  
\_\_\_\_\_
3. Apparent Scars: \_\_\_\_\_  
\_\_\_\_\_
4. Conjunctivitis: \_\_\_\_\_  
\_\_\_\_\_
5. Sub Mandible Lymph Nodes: \_\_\_\_\_  
\_\_\_\_\_
6. Body Temperature Rectal: \_\_\_\_\_
7. Temperament: \_\_\_\_\_  
\_\_\_\_\_
8. Nervous System: \_\_\_\_\_  
\_\_\_\_\_

9. Mouth and Bite: \_\_\_\_\_

---

10. Jugular Vein: \_\_\_\_\_

11. Genitalia: \_\_\_\_\_

---

12. Eyes

Right Eye: \_\_\_\_\_

Left \_\_\_\_\_ Eye:

13. Auscultate Heart & Resting Rate: \_\_\_\_\_

---

14. Airways at Rest

a) Breathing Type: \_\_\_\_\_

b) Spontaneous Coughing: \_\_\_\_\_

c) Induced Coughing: \_\_\_\_\_

d) Nasal Discharge: \_\_\_\_\_

e) Auscultation of Lung Sounds: \_\_\_\_\_

f) Percussion: \_\_\_\_\_

15. Evaluation Movement of Legs and Joints

a) Inspection and Palpation of Joints

Left Fore: \_\_\_\_\_

Right Fore: \_\_\_\_\_

Left Hind: \_\_\_\_\_

Right Hind: \_\_\_\_\_

Hooves and Shoeing: \_\_\_\_\_

b) Evaluation of Walk and Trot Straight Away on Hard Surface: \_\_\_\_\_

\_\_\_\_\_

c) Evidence of Lameness in turns: \_\_\_\_\_

\_\_\_\_\_

d) Flexion Test

Left Fore: \_\_\_\_\_

Right Fore: \_\_\_\_\_

Left Hind: \_\_\_\_\_

Right Hind: \_\_\_\_\_

Resistance to Flexion: \_\_\_\_\_

16. Stress Exam

a) Abnormalities in Movement During and After Exercise: \_\_\_\_\_

\_\_\_\_\_

b) Coughing and Nasal Discharge: \_\_\_\_\_

c) Respiratory Sounds: \_\_\_\_\_

d) Auscultation of Heart and Lung after Exercise: \_\_\_\_\_

\_\_\_\_\_

e) Pulse and Respiratory Rate after 15 minutes of exercise

	Immediately After Exercise	After 10 Minutes	After 20 Minutes
Pulse			
Respiration			

18. Additional Exams: \_\_\_\_\_

19. X-Ray Report (Veterinarian may attach a separate sheet if needed with comments on each of the x-ray views requested – see images on last two pages of this document)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

With regards to the further use of this horse as a riding horse/breeding stallion of the present time there are:

Concerns                       No Concerns

Comments:

---

---

---

\_\_\_\_\_

Date

\_\_\_\_\_

Veterinarian's Signature

\_\_\_\_\_

Veterinarian's Printed Name

\_\_\_\_\_

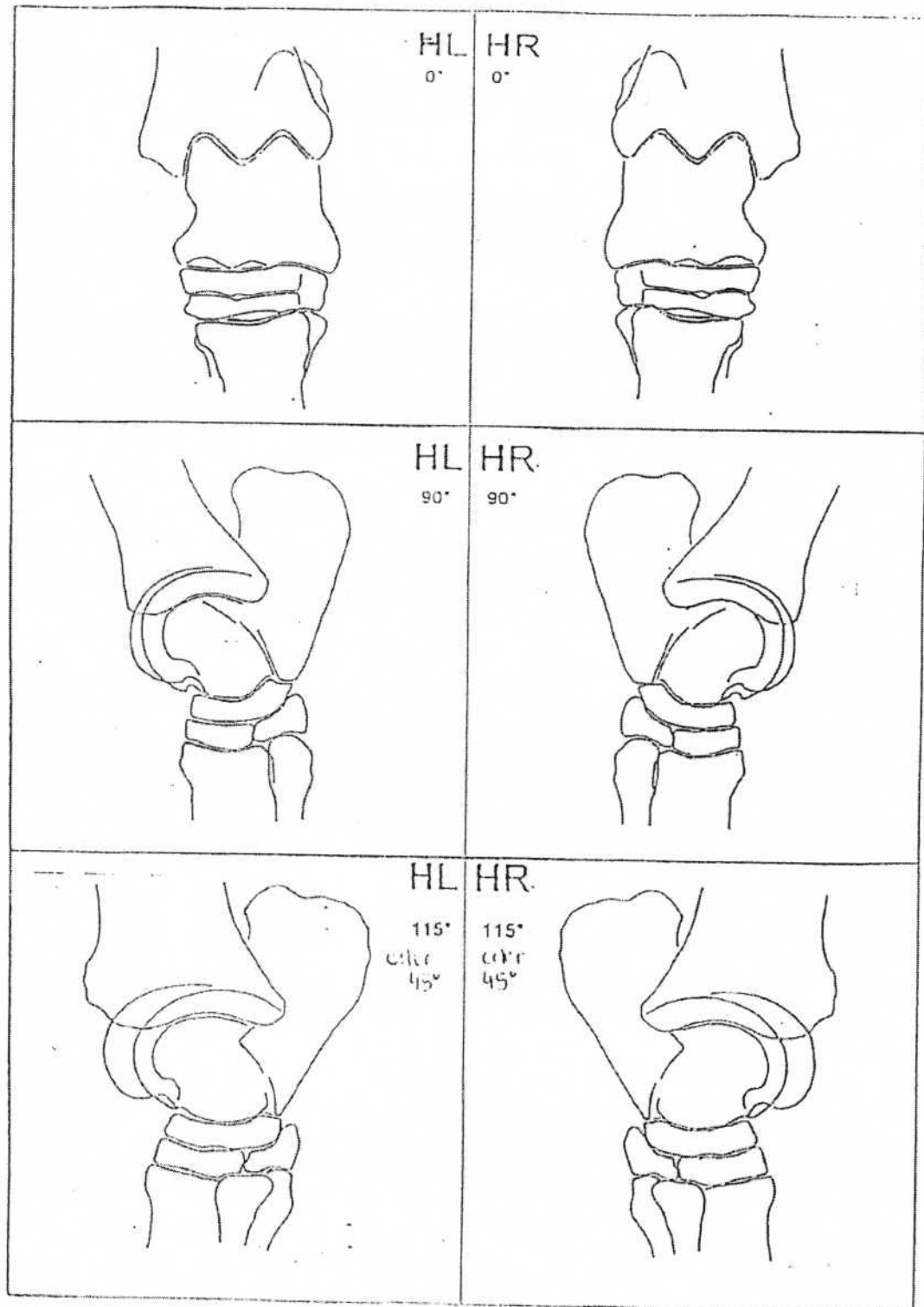
\_\_\_\_\_

\_\_\_\_\_

Veterinarian's Address and Phone Number



Röntgenskizzen zu den Standardaufnahmen des Tarsus



Röntgenklizzen zu den Standardaufnahmen der Zehe

