



## WESTFALEN NORTH AMERICA

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

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

### APPLICATION FOR STALLION LICENSING

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

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

Westfalen N.A. is the official North American representative of the Westfälische Pferdestammbuch e.V. I am aware that membership is required to have a stallion license.

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

\_\_\_\_\_  
Signature



WESTFALEN  
NORTH AMERICA

**STALLION VETERINARY EXAM PROTOCOL**

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

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

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

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

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

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

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

**EXAM PROTOCOL**

1. Condition: \_\_\_\_\_

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2. Skin and Hair Coat: \_\_\_\_\_

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3. Apparent Scars: \_\_\_\_\_

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4. Conjunctivitis: \_\_\_\_\_

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5. Sub Mandible Lymph Nodes: \_\_\_\_\_

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6. Body Temperature Rectal: \_\_\_\_\_

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7. Temperament: \_\_\_\_\_

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8. Nervous System: \_\_\_\_\_

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

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

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

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12. Eyes

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

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

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

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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: \_\_\_\_\_

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

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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: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Veterinarian's Printed Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Veterinarian's Address and Phone Number



**List of impairments of health for stallions**

<b>Hereditary defect</b>	<b>Inspection/examination</b>	<b>Maximal degree of formation</b>
Jaw anomaly	Specialized veterinary inspection	Incisors may not protrude more than 50 % from tooth surface.  Deviations of one or more tooth/teeth, i.e. askew/crooked teeth count as criterion for exclusion.
Cryptorchidism	Specialized veterinary inspection	Both testicles should be equal and normal sized in form, rigidity/strength and size and entirely descended in the scrotum.
Osteochondrosis	Specialized veterinary inspection	<ul style="list-style-type: none"> <li>- 1 osteochondral finding in the stifle joint</li> <li>- 1 osteochondral finding in the hock and 1 finding in another joint (no more than 3 total)</li> </ul>
Hemiplegia laryngeal	Stallions with inspiratory breathing sound:  Specialized veterinary inspection	Paralysis of larynx

It is herewith specialized veterinary confirmed that the stallion

Name: \_\_\_\_\_

Equine Life Number: \_\_\_\_\_

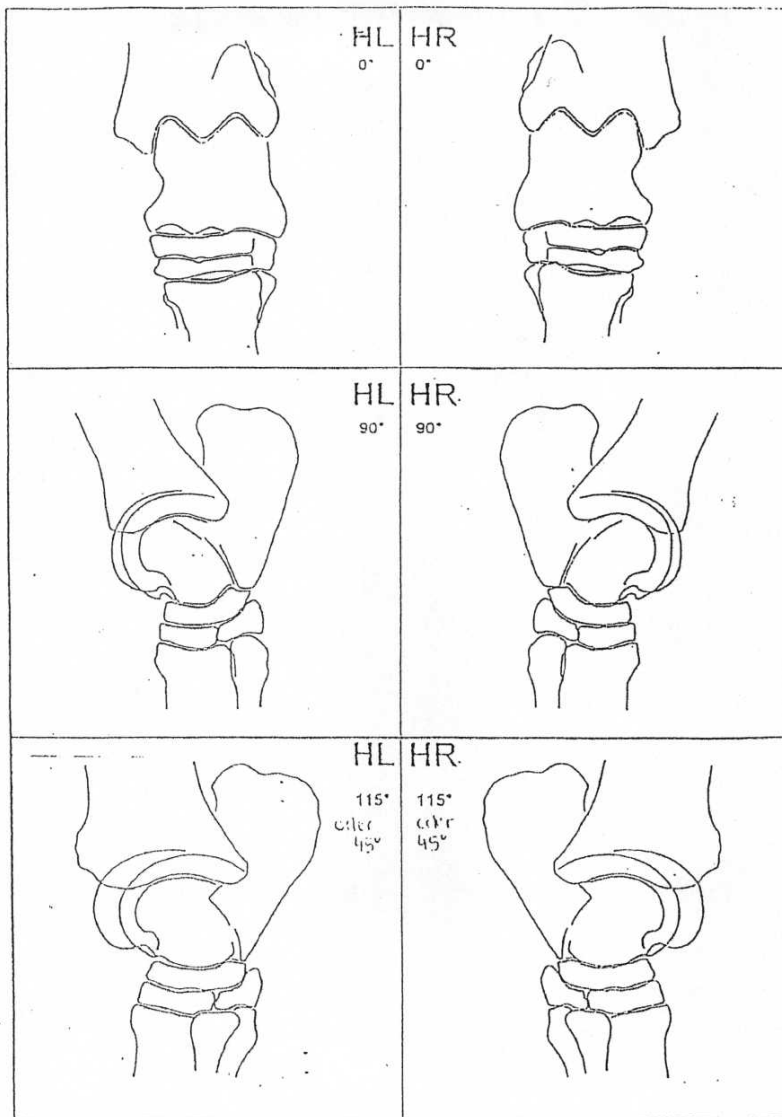
fulfills the principles of the Westfälisches Reitpferd pursuant to the list above.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of equine veterinarian*

*Stamp*

Röntgenskizzen zu den Standardaufnahmen des Tarsus



Röntgenklizzen zu den Standardaufnahmen der Zehe

