



PFERDEZUCHTVERBAND RHEINLAND-PFALZ-SAAR e.V. (RPSI)
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Member: _____ Membership Number: _____

Street: _____ Telephone: _____

City: _____ State: _____ Zip: _____

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

Welsh Pony and Cob Stallion Vet Exam Form

I have examined today a Welsh A Welsh B Welsh C Welsh Cob Stallion

Name: _____ Registration #: _____

Owner/Lessee: _____

Address: _____

Height: _____

The Stallion is on this day:

1. Free from infectious disease , with the following exceptions:

2. Free from Hereditary Defects (see Appendix A) , with the exception of:

3. Not in the condition for breeding due to the following: _____

With regards to the further use of this horse as a Breeding Stallion at the present time there are:

Concerns

No Concerns

Veterinarian Name/Stamp: _____

Signature: _____ Date: _____

Appendix A

Conditions affecting the suitability of a stallion for breeding

- Permanent Contagious Disease
- Defective or Inferior Conformation
- Permanent defects that disqualify him from breeding, such as: cataract, defective genital organs, roaring, whistling, ringbone, sidebone, bone spavin, shivering, subluxation of the patella, stringhalt and malocclusion of teeth.