



AUSTRALIAN MINIATURE PONYSOCIETY INC.

ABN 89 501 336 192

STALLION ADULT REGISTRATION VETERINARY CERTIFICATE OF SOUNDNESS

I, _____ (Veterinary's Name)

do hereby certify that I have examined the following Pony:

Pony Name: _____ AMPS Reg Number _____

Date of Birth _____ Colour _____

Brands Near Side _____ Off Side _____

Or Micro – Chip Number _____

Owned by: _____

Address: _____

and, on this day and in my opinion, found it to be in a sound and healthy condition and as far as assessable free of the following:

Overshot Jaw) 3mm max.

Undershot Jaw) 3mm max.

Dwarfism (Knotty Head)

Malformation of Genitals

(e.g. unequal size genitals, Monorchidism, Cryptorchidism)

Locked Stifle

Veterinary's Signature: _____

Qualifications: _____ Date: ___/___/___

Practice Address: _____

_____ Phone: _____

Send completed Form with all other relevant paperwork and fees to
AMPS®, PO Box 431, Shellharbour City, NSW, 2529

or

Email: janelle@lbcentre.com.au

Members are advised to keep a copy of all paperwork for their own records.