



SUFFOLK HORSE SOCIETY

The Breed Society of the Suffolk Horse

www.suffolkhorsesociety.org.uk

Suite 8, Britannia House,
Base Business Park, Rendlesham,
Suffolk IP12 2TZ
Tel: 01394 380643

Email: sec@suffolkhorsesociety.org.uk

Assessment Form for a Colt or Stallion in the Suffolk Horse Society International Register

Addendum 14m

Veterinary Assessment Form

Horse Inspected:

D.O.B

Microchip number:

Does the Microchip match the
Passport? Yes /No

Address of Assessment:

Date of Assessment:

The purpose of the examination is to exclude common hereditary conditions. Please follow the format below:

- 1 Detailed assessment of the horse.
2. Walk and trot (in hand).
3. Flexion tests of all limbs.
4. Back the horse and turn him in both directions in a small space.
5. Lunging. This should be sufficient to listen to the horse breathing.

If you feel this horse is not safe to continue your assessment, or if he will not lunge, then you should inform the owner that you will return when these things can be done safely, at the owner's expense.

Please answer the following: -

- Are both testicles fully descended? YES/NO
- Is there a difference in the size of the testicles? YES/NO
- If YES, is the difference more than 30% / less than 30% - *delete as applicable*

Yes I have considered and eliminated the following conditions:

- Umbilical hernia
- Inguinal hernia
- Clinical signs of laryngeal hemiplegia
- Sidebone
- Ringbone
- Osteochondrosis dissecans
- Shivering
- Stringhalt
- Spavin
- Wobbler disease
- Parrot mouth

- Cataract / Heterochromia iridis (Wall Eye)
- Sweet itch

Please provide the height of the horse

Please provide the canon bone circumference of the horse

- I have taken a blood sample to be sent to Wetherbys in accordance to the form supplied

If you have answered No to any of the above questions, please give details below. If your veterinary inspection has revealed any issues or concerns not mentioned above, please give details.

- In my opinion this horse has passed this assessment and is free from defects

Or

- In my opinion this horse does not pass this assessment for the following reasons:

Signed: Date:

Print Name: MRCVS

Veterinary Practice Address (stamp)

Please return this form to:

Suffolk Horse Society, Suite 8, Base Business Park, Rendlesham, Suffolk, IP12 2TZ.

Email: Info@suffolkhorsesociety.org.uk

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