

**Return this form to:**  
**ACPS**  
**PO Box 100**  
**Middlebrook, VA 24459**  
**Use this form for stallion**  
**registration and inspection.**  
**Hoof Wall Separation Disease**  
**N/N\_\_\_ N/HWSD\_\_\_**  
**Affected/HWSD/HWSD\_\_\_**



**AMERICAN CONNEMARA  
 PONY SOCIETY**

**Height:** \_\_\_ h \_\_\_ inches  
**Age at measurement:** \_\_\_\_\_  
 (Minimum age for Height record is 2 yrs)  
**Signature of veterinarian or show steward or**  
**authorized person:**  
 \_\_\_\_\_

**Veterinarian Examination Report Form**

*Stallion Registration: Prospects must meet all ACPS requirements for registration in the purebred Stud Book. Stallions must be at least 2 years of age. Applicants must be free of all visible inheritable abnormalities, i.e., parrot mouth (overshot or undershot jaw), cryptorchid or monorchid (less than two testicles descended into the scrotum). All stallions must be DNA sampled and the results must be on file with the ACPS Secretary before offspring are eligible for registration.*

**Pony Name:** \_\_\_\_\_ **ACPS Reg. Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **- Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

1. Eyes: free from problems.  
 Yes       No      **Comments:** \_\_\_\_\_
  
2. Mouth: Upper and lower incisors meet without a gap in such a way as to permit normal wear. Parrot (i.e. overshot) and bulldog (i.e. undershot) mouth or any other deviation from an even bite is unacceptable. If in question, the jaw alignment must be considered  
 Yes       No      **Comments:** \_\_\_\_\_
  
3. Skin: Free from evidence of chronic allergic conditions that could be hereditary.  
 Yes       No      **Comments:** \_\_\_\_\_
  
4. Feet: Well formed, substantial feet, clubfoot is unacceptable.  
 Yes       No      **Comments:** \_\_\_\_\_
  
5. Heart and lungs, without apparent hereditary defects.  
 Yes       No      **Comments:** \_\_\_\_\_
  
6. Reproductive anatomy appears normal. Cryptorchid or monorchid is unacceptable.  
 Yes       No      **Comments:** \_\_\_\_\_

**Veterinarian's Signature:** \_\_\_\_\_

**Veterinarian's name, printed:** \_\_\_\_\_ **License number** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_