

BWP/NAD
STALLION AND ELITE MARE EXAMINATION FORM
Please email forms & link to radiographs to
stallioninfo@belgianwarmblood.com

Horse's Registered name: _____
Registry _____ Registry Number: _____
Microchip Number _____
Owners name: _____
Owners Address: _____
Owners Email _____ Phone: _____

Description of horse:
Age: _____ Sex: _____ Color: _____ Height: _____

MARKINGS PLEASE BE VERY SPECIFIC

Head: _____ Legs: _____
LF: _____
RF: _____
LH: _____
RH: _____
Body: _____

PHYSICAL EXAMINATION FINDINGS:

Heart: _____
Lungs: _____
Eyes: _____
Extremities: _____
Other physical examination findings: _____

Veterinarians Signature _____ Date: _____

RADIOGRAPHIC EXAMINATION

Radiographs to be included with report must be marked with date, clinic name, horses name and BWP/REGISTRY number and right or left.

**PLEASE EMAIL DIGITAL RADIOGRAPHS & REPORT TO
STALLIONINFO@BELGIANWARMBLOOD.COM**

Fore feet: Dorsopalmar at 55 and 65 degrees with no shoes
 Lateromedial (fetlock included)

Carpal joints: Lateromedial STALLIONS ONLY
 Dorsopalmar STALLIONS ONLY
 Both oblique STALLIONS ONLY

Femoropatellar: Lateromedial
 Dorsoplantar STALLIONS ONLY

Tarsal joints: Lateromedial
 Dorsoplantar STALLIONS ONLY

Findings: _____

Veterinarians name: _____

Clinic name _____

Address: _____

Veterinarians Signature: _____ Date: _____

STALLIONS ONLY:

Breeding soundness exam: _____

External genitalia: _____

Semen analysis: _____

Endoscopic Laryngeal exam: _____

EVA test: _____

Vaccinated: Yes _____ Date _____ No _____

Veterinarians Signature: _____ Date: _____