## **SOUNDNESS CONFIRMATION**

to be submitted by August 18<sup>th</sup>, 2023

Pferdeklinik Bargteheide Ref. "Holsteiner Stallion Inspection NA 2023" mathiszyk@holsteiner-verband.de

Parentage:			
sire:	dam's	sire:	
owner:			
registration number:			
color:			
The owner(s) confirm(s) that the stalling influence of medication.	on shows no	signs of weaving o	or coupling and is not under the
The horse has undergone (enclose s	surgical repor	and radiographs,	if any)
- arthroscopic surgery (chip removal surgery)	no	yes	
ľ	If so, specify which joints have been operated on and do enclose pre-surgery radiographs and surgical reports.		
- umbilical correction / umbilical surge	ry no	yes	
- colic surgery	no	yes	
- tail correction surgery	no	yes	
- cribbing surgery	no	yes	
- laryngeal paralysis (roaring) surgery	no	yes	
- club foot/flexural deformity or			
other deformity surgery	no	yes	
- equine recurrent uveitis surgery	no	yes	
other surgery:			
The stallion had clear clinical			
signs of sweet itch	no	yes	
The stallion has neither been refused nor has he been inspected and not ap	•		ause of veterinary findings before no yes
place, date		owner's signature	