



SOUNDNESS CONFIRMATION PROTOCOL

To be filled out by the owner(s) and submitted by August 22, 2025

Pferdeklunik Bargteheide
Reference "Holsteiner Stallion Inspection NA 2025"
behrens@holsteiner-verband.de

Information about the stallion applying for licensing:

Sire: _____ Dam sire: _____

UELN (life number): _____

Color: _____

Name of owner(s): _____

Address of owner(s): _____

The horse has / hasn't undergone the following surgeries:

- Arthroscopic surgery (chip removal surgery): no yes

If yes, please specify which joints have been operated on and enclose pre-surgery radiographs and surgical reports: _____

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- Umbilical correction / umbilical surgery: 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: _____

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- The stallion shows clear clinical signs of sweet itch: no yes
 - The stallion has been excluded from the pre-selection process for stallion candidates or denied participation in the stallion licensing process of another WBFSH recognised association because of veterinary findings no yes
 - The stallion has been inspected by another WBFSH recognised association but was not licensed because of veterinary findings no yes

By signing this form, the owner(s) confirm(s) that the stallion applying for licensing shows no signs of weaving or coupling and is not under the influence of medication.

Place, date

Owner's signature(s)