BELGIAN WARMBLOOD
NORTH AMERICAN DISTRICT

VETTING FORM: STALLIONS & ELITE MARES

Please email with link to radiographs to office@bwpnad.com

Registered Name: _____

Foalbook Registry: _____ Registration Number: _____

Microchip Number: _____

Owner's Name: _____

Owner's Address: _____

Owner's Email: _____ Phone: _____

Description of Horse:

DOB: _____ Stallion / Mare Color: _____ Height: _____

MARKINGS

Head: _____

Legs:

LF: _____

RF: _____

LH: _____

RH: _____

Body: _____

PHYSICAL EXAMINATION FINDINGS

Heart: _____

Lungs: _____

Eyes: _____

Extremities: _____

Other physical examination findings: _____

RADIOGRAPH FORM

Radiographs to be included with report **MUST** be marked with the following:

- Date
- Clinic Name
- Horse's REGISTERED NAME
- Right or Left view

Radiographs submitted without the above will be rejected. Please email digital radiographs or link & report to office@bwpnad.com.

FORE FEET:	Dorsopalmar at 55 and 65 degrees with no shoes
	Lateromedial (fetlock included)
CARPAL JOINTS:	Lateromedial **STALLIONS ONLY**
	Dorsoplantar **STALLIONS ONLY**
	Both Oblique **STALLIONS ONLY**
FEMOROPATELLAR:	Lateromedial
	Dorsoplantar **STALLIONS ONLY**
TARSAL JOINTS:	Lateromedial
	Dorsoplantar **STALLIONS ONLY**

Findings: _____

_____

_____

_____

Verterinarians Name: _____

Clinic Name: _____

Address: _____

Veterinarians Signature: _____ Date: _____

STALLIONS ONLY:

Breeding soundness exam: _____

External genitalia: _____

Semen Analysis (can be attached from clinic): _____

_____

Endoscopic Laryngeal exam (send video recording if available): _____

_____

EVA Test: _____

Vaccinated (circle one): Yes, date: _____ No

Veterinarians Signature: _____ Date: _____