



BWP STALLION VETERINARY EXAM FORM

Please email with link to radiographs to studbook@bwpnad.com by JUNE 1, 2026.

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

The limbs and hooves are evaluated, as well as the possible presence of severe ocular and dental abnormalities (including overbite) and abnormalities of the reproductive system (cryptorchidism and testicular hypoplasia). Gait is assessed in hand on a straight line on a hard surface and on the longe on a soft surface. If coordination abnormalities are observed, further neurologic examination is performed to evaluate for spinal ataxia.

Height: _____

Eyes: _____

Dental: _____

External genitalia: _____

Extremities: _____

Other physical examination findings: _____

INTERNAL EXAMINATION

Evaluation of the respiratory system and the cardiovascular system. The upper airway is examined endoscopically for the presence of laryngeal hemiplegia (roaring), using an international grading system. During the cardiac examination, auscultation is performed to detect cardiac murmurs. If indicated, additional diagnostic evaluation is carried out in the form of echocardiography.

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

Heart: _____

Lungs: _____

EVA Test: _____

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

Veterinarians Signature: _____ Date: _____

RADIOGRAPHIC CRITERIA

Identification of radiographs

All radiographs should be labelled with:

- *Registered Name* of the horse
- *Name* of the owner
- *Date* of the radiographic examination

Right and Left limb should be clearly identified on radiographs with letters (R or D for right, L or G for left). Letters should not be superimposed on the radiographic image and should be positioned laterally on the DP views of the foot and fetlocks.

Radiographic views requested

Total : 24 views

Front feet: 6 views (LM, D65°Pr-PDi, D55°Pr-PDi centred on the navicular bone)

Front and hind fetlocks: 8 views (LM, DP)

Hocks: 8 views (LM, DM-PILO, DL-PIMO, DP)

Stifle: 2 views (Cd30°L-CrMO)

Front feet

- Lateromedial view
- Dorso65° proximal-palmarodistal view
- Dorso55° proximal-palmarodistal view collimated over the navicular bone in order to visualise the distal ligamentous border optimally.

Quality criteria

- No shoe should be present
- The sulci of the frog should be completely filled with a soft opaque material
- Proximal interphalangeal joint should be included in both views
- Both views should be taken separately from fetlock views (centered on the foot)
- LM view should be taken on a weight bearing foot
- Medial and lateral condyle of the middle phalanx (P2) should be perfectly superimposed on the LM view (a distance of 2 mm between the medial and lateral condyle of P2 is tolerated)
- The exposure on the DP view should be set for the navicular bone, the solar margin of the distal phalanx (P3) should be visible

Front and hind fetlocks

- Lateromedial view, Dorso palmar/plantar view

Quality criteria

- Medial and lateral side of the metacarpal/tarsal condyle should be superimposed on the lateromedial view
- The dorsal profile of the sagittal ridge should be visible dorsal to the superimposed condyles profile if the LM is not perfect
- Visualization of the palmar/plantar sesamoid-phalangeal space should be good. Oblique views should be taken if visualization is difficult and there is a doubt about the presence of a palmar/plantar osteochondral fragment
- Proximal interphalangeal joint and extensor process of P3 should be included in the LM view of the hind fetlock
- DP views: The fetlock joint should be evaluated without superimposition of the proximal sesamoid bones over the joint space; therefore, the beam should be angled from dorsoproximal to palmarodistal. The proximal interphalangeal joint should be included.

Hocks

- Lateromedial view
- Dorsomedial-plantarolateral oblique view
- Dorsolateral-plantaromedial oblique view
- Dorsoplantar view

Quality criteria

- The x-ray beam should be oriented to make the intertarsal and tarsometatarsal joint spaces perfectly visible on the LM view
- Lateral and medial ridges of the talus should not be superimposed on the LM view
- The proximal extremity of the metatarsus (region of the origin of the suspensory ligament) should be included on the LM/DP views of the hock
- The medial malleolus and the intertarsal/tarsometatarsal joint spaces should be clearly delineated on the DL-PIMO view.

Stifles

- Caudo30°lateral-craniomedial oblique view

Quality criteria

- The femoral trochlear ridges and trochlear groove should be entirely visible and separated from each other
- The cranial profile of the lateral trochlear ridge should not be superimposed to the outline of the trochlear groove
- The medial condyle of the femur should be separated from the lateral condyle

- Exposure of the caudo30°lateral-craniomedial oblique view should be sufficient to perfectly detect any abnormality within the femoral condyles

VETERINARY EXAMINATION FOR DRESSAGE STALLIONS ONLY

For dressage stallion candidates, additional radiographic examinations are performed in addition to the standard protocol. Radiographs are taken of the sixth and seventh cervical vertebrae (C6–C7) and the first thoracic vertebrae and associated ribs.

Recently, malformations of these vertebrae, referred to as Equine Complex Vertebral Malformation (ECVM), have been associated with abnormal movement patterns and reduced postural stability. Furthermore, this condition may also have a hereditary component.

At this stage, the findings will be documented in the veterinary report without drawing any formal conclusions or linking them to the approval outcome. After several years, the additional screening of dressage stallions will be evaluated.