



Canadian Shire Horse Association

Submit Paperwork to:  
Canadian Livestock Records Corporation  
2417 Holly Lane  
Ottawa, ON K1V 0M7  
E-mail: [clrc@clrc.ca](mailto:clrc@clrc.ca)

## Veterinarian Stallion Inspection

Name of Animal:

Date of Birth:

Name and Address of Owner:

The Canadian Shire Horse Association requires that all Notified Colts are inspected by a qualified Veterinarian to ensure they comply with the "Breed Standard", adopted from the Shire Horse Society, prior to being issued a Stallion Registration. Please refer to the Standard as you complete your inspection.

1. Initial Inspection:

- Inspect the horse from a reasonable distance, and assess the conformation. If you feel the horse has a serious defect in conformation please record this.

Comment:

Pass

/

Fail

2. Detailed Examination:

- Examine the horse in detail and tick the following to indicate that you have considered and eliminated the following conditions:

- a. Parrot Mouth or mal-development of the jaws \_\_\_\_\_
- b. Wall eye \_\_\_\_\_
- c. Cataract \_\_\_\_\_
- d. Umbilical Hernia \_\_\_\_\_
- e. Either Testicle not fully descended \_\_\_\_\_  
Testicular size \_\_\_\_\_
- f. Inguinal Hernia \_\_\_\_\_
- g. Clinical signs of Laryngeal Hemiplegia \_\_\_\_\_
- h. Sidebone \_\_\_\_\_
- i. Ringbone \_\_\_\_\_
- j. Osteochondrosis dissecans \_\_\_\_\_
- k. Shivering \_\_\_\_\_
- l. Stringhalt \_\_\_\_\_
- m. Spavin \_\_\_\_\_
- n. Wobbler Disease \_\_\_\_\_
- o. Subluxation of the patella \_\_\_\_\_

Comment:

Pass

/

Fail



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3. Walk and Trot:

Pass / Fail

4. Flexion test of all limbs:

Pass / Fail

5. Back the horse and turn in both directions:

Pass / Fail

6. General Health – normal heart & respiration:

Pass / Fail

7. Height: \_\_\_\_\_ Hands

8. Record Colour: \_\_\_\_\_

### Inspection Summary:

A failure recorded in any of the above sections will result in the automatic failure of the Veterinary Inspection.

Veterinary Inspection      Pass      /      Fail  
Comment and reason for failure if applicable:

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I certify that I have examined the animal as identified on this document and verify that he meets the “Breed Standard” as required by the Canadian Shire Horse Association for registration.

Name and Address of Veterinarian:

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Date

Signature of Veterinarian

Review Completed:

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Date      Signature of CSHA Veterinarian