



Veterinary Examination

I (Name of Veterinarian).....

Of (address).....

do hereby certify that I have examined

(Name of Donkey or Mule).....

Brands/Microchip Near Side Off Side Microchip No

on/...../..... (date) and consider he/she is free from or agree with the following –
(please circle your response and comment where appropriate)

YES / NO - **is** free from Congenital Cataracts

AGREE / DISAGREE – Jaw is **not** Over/undershot (no more than ¼ inch of under or overbite allowable for standard donkeys, mules and miniatures.

AGREE / DISAGREE – Has **no** characteristics of Dwarfism

AGREE / DISAGREE – Does **not** have Locked stifle

AGREE / DISAGREE – Does **not** have any obvious foot/h hoof disease or deformity

AGREE / DISAGREE – Does **not** have Stringhalt

AGREE / DISAGREE – Dock **is** straight (does **not** have kinks)

AGREE / DISAGREE – Does **not** have malformed genitals – Jacks only

YES / NO – **Both** testicles descended – Jacks only

AGREE / DISAGREE – Is **not** Cryptorchid or Monorchid – Jacks only

YES / NO – Any other Determinable Genetic Faults?

Description if YES:

YES / NO – Action appears to be straight, level and true at both a walk and trot. (Weaving, brushing and dishing is not acceptable).

YES / NO – General Conformation & Appearance is balanced and in proportion.

YES / NO – Appears to have an Even Temperament.

ANY OTHER COMMENTS:

Signed.....

(The information on this form becomes the property of the Donkey & Mule Society of New Zealand Inc)