



The Irish Cob Society Ltd (Form ICS06)

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STALLION VETERINARY INSPECTION FORM

**THIS FORM MUST BE COMPLETED BY A VETERINARY SURGEON
AND RETURNED TO THE IRISH COB SOCIETY IN RESPECT OF ALL MALES (STALLIONS)
WHICH ARE INTENDED FOR ICS BREEDING PURPOSES.**

NAME OF STALLION _____ DATE OF BIRTH _____

(UELN) REGISTRATION NUMBER _____

MIRCOCHIP NUMBER (COMPULSORY) _____

CONDITION AND OBVIOUS DEFECTS OR FAULTS _____

MOVEMENTS (Soundness and/or serious faults): _____

HEART (at rest will suffice) _____

LUNGS/RESPIRATORY (at rest will suffice) _____

EYES – sight and/or defects (wall eyes are accepted) _____

ARE BOTH TESTICLES DESCENDED _____

COMMENTS _____

VETERINARY SURGEON'S DECLARATION

OFFICIAL VETERINARY STAMP

I declare this stallion to be physically fit for use as
an ICS Ltd Elite Class (ICS Ltd approved) stallion.

Signature of
Veterinary Surgeon _____

Date _____

NOTE: THIS IS NOT A FULL HEALTH CERTIFICATE