



AUSTRALIAN QUARTER PONY ASSOCIATION

ABN: 99 243 732 466

44 Manuka Rd, Logan Village, QLD. 4207

www.aqpa.com.au

VETERINARY CERTIFICATION OF HEIGHT

I _____, BVSC, do hereby certify that I am a graduate Veterinarian holding a current and valid license to practice in the State/Province of _____, and that I have examined this day, the following registered horse/pony and its accompanying Society registration certificate.

Pony/Horse registered name _____ Registration No _____
Name of Owner _____
Street Address _____ City _____
State _____ Zip _____.

The pony/horse in my opinion, _____ years old. Microchip No _____.

Color: _____ Markings _____.

The pony/horse ___ shod ___ unshod. (Check one) I have measured the pony/horse on a suitable hard, flat surface (concrete or paved) and the height of the pony/horse is: _____ cm (or) _____ inches.

I have examined the pony/horse registration certificates and verified that the animal presented to me for examination ___ **matches (or)** ___ **does not match** (check one) the identifying details contained within the certificate, including age, colour, markings and or microchip number (if applicable). (If the pony/horse does not match, please explain below.)

Signature of Veterinarian

_____. AM PM (circle one)

Examination Date & Time

Clinic Name

Clinic Phone No

Clinic Fax No

Address

City

State

Zip

FOR AQPA USE ONLY

Date Received _____.