

**BWP/NAD**  
**STALLION AND ELITE MARE EXAMINATION FORM**  
Please email form & radiographs to Dr. Paul Johnston  
stallioninfo@belgianwarmblood.com

Horse's Registered name: \_\_\_\_\_  
Registry \_\_\_\_\_ Registry Number: \_\_\_\_\_  
Owners name: \_\_\_\_\_  
Owners Address: \_\_\_\_\_  
Owners Email \_\_\_\_\_ Phone: \_\_\_\_\_

Description of horse:  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Height: \_\_\_\_\_

**MARKINGS PLEASE BE VERY SPECIFIC**

Head: \_\_\_\_\_  
Legs: \_\_\_\_\_  
    LF: \_\_\_\_\_  
    RF: \_\_\_\_\_  
    LH: \_\_\_\_\_  
    RH: \_\_\_\_\_  
Body: \_\_\_\_\_

**PHYSICAL EXAMINATION FINDINGS:**

Heart: \_\_\_\_\_  
Lungs: \_\_\_\_\_  
Eyes: \_\_\_\_\_  
Extremities: \_\_\_\_\_  
Other physical examination findings: \_\_\_\_\_

Veterinarians Signature \_\_\_\_\_ Date: \_\_\_\_\_

**RADIOGRAPHIC EXAMINATION**

Radiographs to be included with report must be marked with date, clinic name, horses name and BWP/REGISTRY number and right or left.

PLEASE EMAIL DIGITAL RADIOGRAPHS & REPORT TO  
DOCH@EQUINEPERFORMANCEVET.COM.

Fore feet: Dorsopalmar at 55 and 65 degrees with no shoes  
Lateromedial (fetlock included)

Carpal joints: Lateromedial STALLIONS ONLY  
Dorsopalmar STALLIONS ONLY  
Both oblique STALLIONS ONLY

Femoropatellar: Lateromedial  
Dorsoplantar STALLIONS ONLY

Tarsal joints: Lateromedial  
Dorsoplantar STALLIONS ONLY

Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterinarians name: \_\_\_\_\_  
Clinic name \_\_\_\_\_  
Address: \_\_\_\_\_

Veterinarians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STALLIONS ONLY:

Breeding soundness exam: \_\_\_\_\_

External genitalia: \_\_\_\_\_

Semen analysis: \_\_\_\_\_

Endoscopic Laryngeal exam: \_\_\_\_\_

EVA test: \_\_\_\_\_  
Vaccinated: Yes \_\_\_\_\_ Date \_\_\_\_\_ No \_\_\_\_\_

Veterinarians Signature: \_\_\_\_\_ Date: \_\_\_\_\_