



Paint Horse Association of New Zealand

53c Walker Road, RD 1
Taupiri. 3791

phanz.nz@gmail.com
www.phanz.co.nz

VETERINARY CERTIFICATE

Owners Name: _____

Address: _____

Horse's Name: _____ Registration #: _____

Sex: _____

Colour: _____

Age: _____

Height: * _____

* Minimum height for all horses 2 years and older – 14hh.

Severe Hereditary Deformities: Yes No

If Yes please describe: _____

Does this horse singlefoot or pace? Yes No

Extreme Parrot Mouth Yes No

Does the stallion have both testicles fully descended? Yes No

Any other apparent defects: _____

Horse Identified from Certificate of registration Yes No

If No, please attached a signed photograph or certificate of description.

(To be completed in full before acceptance by PHANZ.)

Signature: _____

Date: ____ / ____ / ____

Printed name of Veterinarian: _____

Name and Address of Veterinary Clinic: _____

NB: Stallion owners please note a Cryptorchid or Monorchid stallion is NOT eligible for 'Stallion Classification' registration

OFFICE USE ONLY:

DATE ISSUED ____ / ____ / ____ DATE RETURNED ____ / ____ / ____ RECEIPT # _____

