

BWP/NAD
STALLION AND ELITE MARE EXAMINATION FORM
Please email forms & link to radiographs to
info@belgianwarmblood.com

Horse's Registered name: _____

Registry _____ Registry Number: _____

Microchip Number _____

Owners name: _____

Owners Address: _____

Owners Email _____ Phone: _____

Description of horse:

Age: _____ Sex: _____ Color: _____ Height: _____

MARKINGS OF HORSE

Head: _____

Legs:

LF: _____

RF: _____

LH: _____

RH: _____

Body: _____

PHYSICAL EXAMINATION FINDINGS:

Heart: _____

Lungs: _____

Eyes: _____

Extremities: _____

Other physical examination findings: _____

BWP/NAD STALLION AND BWP/NAD ELITE MARE RADIOGRAPH FORM

RADIOGRAPHS TO BE INCLUDED WITH REPORT MUST BE MARKED WITH:

- **DATE**
- **CLINIC NAME**
- **STALLION OR MARE REGISTERED NAME**
- **RIGHT OR LEFT VIEW**

PLEASE EMAIL DIGITAL RADIOGRAPHS OR LINK & REPORT TO
INFO@BELGIANWARMBLOOD.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: _____

RADIOGRAPHIC EXAMINATION

STALLIONS ONLY:

Breeding soundness exam: _____

External genitalia: _____

Semen analysis: _____

Endoscopic Laryngeal exam: _____

EVA test: _____

Vaccinated: Yes _____ Date _____ No _____

Veterinarians Signature: _____ Date: _____