



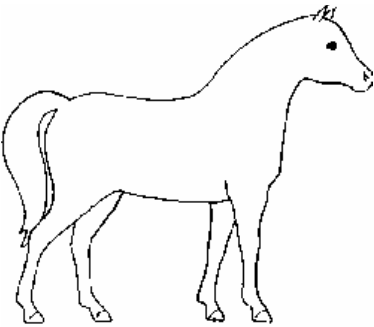
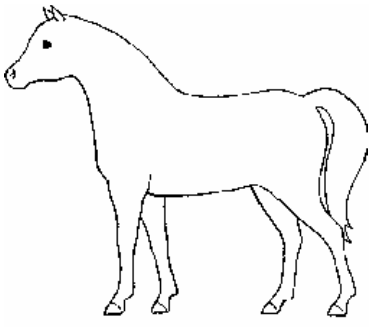
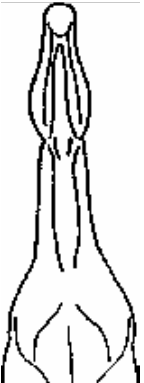


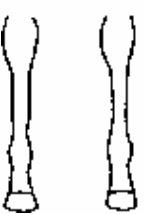
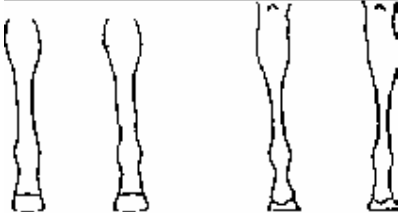
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**THE WELSH PONY AND COB
 SOCIETY OF AUSTRALIA INC**
(Approved by the Welsh Pony And Cob Society, Wales)

STALLION VETERINARY CERTIFICATE FOR DNA PROFILE & CERTIFICATE OF SOUNDNESS

(Colts must be adult registered prior to attaining 4 years of age and not before 2 years of age in Breeding Season)

| | |
|-----------------------------|----------------|
| Full Name of Animal _____ | Reg No. _____ |
| Name of Sire _____ | Reg No. _____ |
| Name of Dam _____ | Reg No. _____ |
| Breeders/Owner's Name _____ | Mem No. _____ |
| Address _____ | |
| Post Code _____ | Phone No _____ |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BRANDS NS OS COLOUR OTHER ACQUIRED MARKINGS CONGENITAL ABNORMALITIES Please list any abnormalities found at time of examination |  RIGHT (OFF) SIDE  LEFT (NEAR) SIDE  FRONT VIEW FORE & REAR  HEAD & MUZZLE  REAR VIEW  FRONT VIEW FORE & REAR  REAR VIEW FRONT & HIND |
| | <p>Please outline and fill in all markings and record brands exactly in above diagrams and mark all whorls with an x and any unusual hair patterns.</p> |

I, a veterinary surgeon certify that I have this day examined the above Pony/Cob at the time of taking hair sample for DNA Profile and confirmed that the above Pony/Cob is one and the same as the Pony/Cob referred to in the application for Stallion Registration. I acknowledge that I am aware that this Certificate (or copy thereof) is to be filed at the office of The Welsh Pony & Cob Society of Australia Inc.

Signature _____
 Name of Veterinary Surgeon (BLOCK LETTERS) _____ Date _____