

Send updated Certificate by:  Post  Email

All sections of this form must be completed in full by a qualified veterinarian.

NB: A stallion must have completed the IBF process and the stallion's registration papers IBF endorsed prior to the first service taking place.

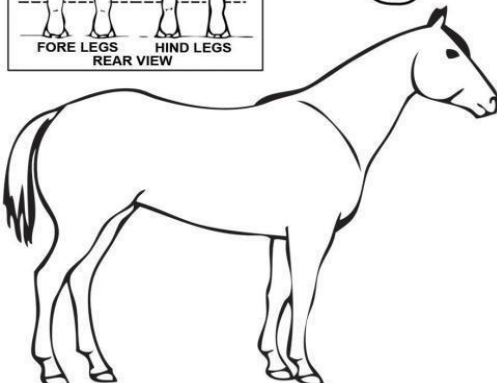
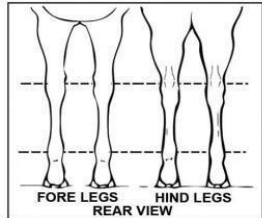
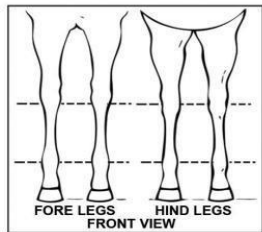
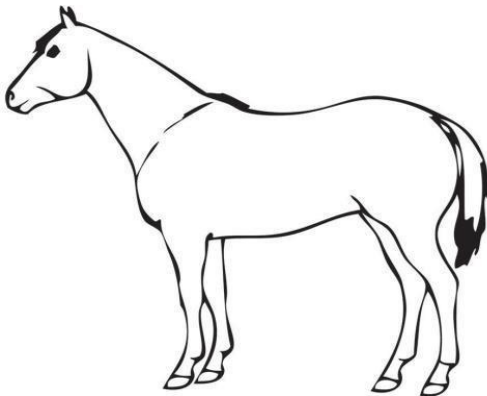
**PLEASE DO NOT FOLD THIS FORM OVER THE MARKING PICS**

Registered Name of Stallion: ..... Reg. #: .....

Owner's Name: ..... Membership #: .....

Address: ..... Phone#: .....

Important : Mark whorls on head and neck with an X and draw carefully all white markings and brands on the diagram below



**Does this stallion:**

- Have an Overshot/Undershot Jaw? Yes/No
- Have an Umbilical Hernia? Yes/No
- Measure less than 14 hands (142cm) in height? Yes/No
- Have both testicles descended and uniform? Yes/No
- Have Monorchid/Cryptorchid testicles? Yes/No

If yes, please describe:

.....

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**Veterinarian's Declaration:**

This is to certify that on ...../...../..... I examined the horse identified above for the IBF process.

Place of examination: .....

Does your practice normally attend this property? Yes/No

Has your practice previously attended this horse? Yes/No

Veterinarians Name: .....

Practice name: .....

Phone: ..... Signature: .....

**Payment by credit card or cheque made payable to the AQHA**

Name on CC: .....

Card #: ...../...../...../..... MC or Visa only

Expiry Date: ...../..... Amount:..... as per AQHA fees

I hereby authorise the AQHA to deduct this amount plus applicable surcharge from my Credit Card

Signature: ..... Date: .....