



ROCKY MOUNTAIN HORSE® ASSOCIATION

Veterinarian Certificate of Inspection

Name of Horse: _____	RMHA #: _____
Date of Inspection: _____	Location: _____

I, _____, a duly licensed veterinarian in the State of _____, do hereby certify the following facts:

1. That I have compared the markings listed on the Certificate of Registration and that the horse's markings are consistent with those on said certificate.
2. The height of the horse measured to the withers is exactly _____ hands.
3. Depending on gender, the following statement is true. (Circle appropriate letter)
 - a. Stallion: Both testicles are below the inguinal rings.
 - b. Gelding: Both testicles are absent.
4. The horse does not have Parrot Mouth or any other physical deformities.
5. The horse meets the following conformation requirements:
 - a. Medium sized bones, medium sized feet in proportion to the body and a wide deep chest with a span between the forelegs.
 - b. Fore and hind legs are free of noticeable deformity.
 - c. Shoulders are sloping with 45 degree angle, eyes are bold & ears well-shaped.
 - d. Face is not dished or protruding, head & jaws are medium size in proportion to body.
 - e. Neck is arched, medium in length and set at an angle to allow natural carriage with a break at the poll.
 - f. Body color is "solid".
 - g. There is no white above the knee or hock, except on the face where a modest amount of white is acceptable. The horse does not have a "Bald Face".

Veterinarian _____ Date: _____

License #: _____ Clinic: _____