

International Gypsy Equine Association

**IGEA Stallion Inspection Form**

Name of Horse: \_\_\_\_\_

Reg. # \_\_\_\_\_ Age: \_\_\_\_\_

Owner: \_\_\_\_\_ Membership # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

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**This section is to be completed by Licensed Veterinarian**

Health of Eyes: \_\_\_\_\_

Bite: \_\_\_\_\_

Both testicles are fully descended ? \_\_\_\_\_ Testicles appear Normal ? \_\_\_\_\_

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

General Body Conditional (score 1-10) \_\_\_\_\_

Any additional comments: \_\_\_\_\_

\_\_\_\_\_

It is my opinion, that based on this general examination as per requested on this form, that this horse appears to be free of any genetic abnormalities that should refrain him for use as a breeding stallion.

Veterinarian's Name: \_\_\_\_\_

State of License : \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**International Gypsy Equine Association**  
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