



WESTFALEN
NORTH AMERICA

P.O. BOX 429 • MURDO, SD 57559 • (605) 669-2200 • FAX (605) 734-8060
www.westfalen-na.com • office@westfalen-na.com

Owner: _____ Member #: _____

Street: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Website: _____

APPLICATION FOR STALLION LICENSING

Stallion: _____ Date of Birth: _____

Registration Number: _____

Sire: _____

Dam: _____

Westfalen N.A. is the official North American representative of the Westfälische
Pferdestammbuch e.V. I am aware that membership is required to have a stallion license.

Date, Place

Signature



WESTFALEN
NORTH AMERICA

STALLION VETERINARY EXAM PROTOCOL

Stallion's Name : _____

Registration Number: _____ Microchip: _____

DOB: _____ Color: _____ DNA # _____

Markings: _____

Owner of Stallion: _____

EXAM PROTOCOL

1. Condition: _____

2. Skin and Hair Coat: _____

3. Apparent Scars: _____

4. Conjunctivitis: _____

5. Sub Mandible Lymph Nodes: _____

6. Body Temperature Rectal: _____

7. Temperament: _____

8. Nervous System: _____

9. Mouth and Bite: _____

10. Jugular Vein: _____

11. Genitalia: _____

12. Eyes

Right Eye: _____

Left Eye: _____

13. Auscultate Heart & Resting Rate: _____

14. Airways at Rest

a) Breathing Type: _____

b) Spontaneous Coughing: _____

c) Induced Coughing: _____

d) Nasal Discharge: _____

e) Auscultation of Lung Sounds: _____

f) Percussion: _____

15. Evaluation Movement of Legs and Joints

a) Inspection and Palpation of Joints

Left Fore: _____

Right Fore: _____

Left Hind: _____

Right Hind: _____

Hooves and Shoeing: _____

b) Evaluation of Walk and Trot Straight Away on Hard Surface: _____

c) Evidence of Lameness in turns: _____

d) Flexion Test

Left Fore: _____

Right Fore: _____

Left Hind: _____

Right Hind: _____

Resistance to Flexion: _____

16. Stress Exam

a) Abnormalities in Movement During and After Exercise: _____

b) Coughing and Nasal Discharge: _____

c) Respiratory Sounds: _____

d) Auscultation of Heart and Lung after Exercise: _____

e) Pulse and Respiratory Rate after 15 minutes of exercise

	Immediately After Exercise	After 10 Minutes	After 20 Minutes
Pulse			
Respiration			

18. Additional Exams: _____

[illegible]

With regards to the further use of the stallion: _____
Reg # _____ as a riding horse/breeding stallion of the present time
there are:

Concerns ☐ No Concerns ☐

Comments: _____

Date

Veterinarian's Signature

Veterinarian's Printed Name

Veterinarian's Address and Phone Number

X-Ray Protocol:

The following 18 x-ray images are to be made with an imprinted nametag including registration number, name or pedigree, owner name, age, gender and date, on the sedated horse without horseshoes:

Forelimbs (both sides):

- Hoof 90 °
- Fetlock 90 ° (view to show pastern and fetlock, centered on Metacarpo/Phalangeal joint, including to tip of hoof)
- Hoof 0 ° Oxspring view (with illustration of the ankle joint gap)

Hindlimbs (both sides):

- Fetlock 90° (centered on fetlock joint with predominant part of hoof visible)
- Hock 0°
- Hock about 45°
- Hock about 135°
- Stifle about 90°
- Stifle 180° (If the stallion was born before 2015, no 180 ° images (caudocranial view) of the stifles are required.



WESTFÄLISCHES
PFERDESTAMMBUCH e.V.

List of Impairments of Health for Westfalen Stallions

Hereditary defect	Inspection/examination	Maximal degree of formation
Jaw anomaly	Specialized veterinary inspection	Incisors may not protrude more than 50 % from tooth surface. Deviations of one or more tooth/teeth, i.e. askew/crooked teeth count as criterion for exclusion.
Cryptorchidism	Specialized veterinary inspection	Both testicles should be equal and normal sized in form, rigidity/strength and size and entirely descended in the scrotum.
Osteochondrosis	Specialized veterinary inspection	- No osteochondral findings are allowed in the stifle joint - 1 osteochondral finding in the hock, 1 finding in an ankle and 1 in another joint (not the stifle) - Not more than 3 OCD findings in total
Hemiplegia laryngeal	Stallions with inspiratory breathing sound: Specialized veterinary inspection	Paralysis of larynx (Roaring)

Note – Current and Pre-Operative X-rays required. Current X-rays must have been taken within 3 months of completion of this form

It is herewith specialized veterinary confirmed that the stallion

Name: _____ Reg#: _____

fulfills the principles of the Westfälisches Reitpferd pursuant to the list above

Date

Veterinary Signature

Veterinary Stamp/Address:

Standard projections

Forelimbs

Distal limb

1. Foot, lateromedial view, centred on the navicular bone

2. Distal limb, lateromedial view, centred on the metacarpo-/phalangeal joint

Using both projections (1) and (2) the region from the distal aspect of the third metacarpal bone and the tip of the hoof (complete horn capsule) must be displayed. The examination is performed in a fully weight-bearing limb position using a ground parallel elevation (foot block). A flexed lateromedial projection with the foot placed on an Oxspring (Hickman/navicular) block is not considered a standard but an additional projection.

3. Foot, according to Oxspring, "upright pedal" DPrPDiO = dorsoproximal-palmaro-distal oblique view

In this survey view of the distal aspect of the toe, the distal and middle phalanx and the distal aspect of the proximal phalanx should be visible. The distal border of the navicular bone must be proximal to the distal interphalangeal joint space.

Removal of the shoes of the front feet is recommended. It should be documented if the client refuses permission to have the shoes removed.

Hindlimbs

Distal limb

4. Distal limb 90° [LM = lateromedial] survey view, centred on the fetlock joint.

The predominant part of the hoof must be visible.

Tarsus

5. Tarsus 0° [DP = dorsoplantar]

6. Tarsus approx. 45° [DLP MO = dorsolateral-plantaromedial oblique]

7. Tarsus approx. 315° [DMP LO = dorsomedial-plantarolateral oblique] respectively 135° [PLD MO = plantarolateral-dorsomedial oblique]

In all views of the tarsus the calcaneus and the proximal aspect of the third metatarsal bone must be included.

Stifle

8. Stifle approx. 90° [LM = Lateromedial],

9. Stifle 180° [CdPrCrDi = caudoproximal-craniodistal]

The patella, the distal aspect of the femur and the proximal aspect of the tibia including the head of the fibula must be displayed.