

Veterinary Examination

I (Name of Veterinarian).....do hereby certify that I have
examined (Name of Donkey or Mule)

on/...../..... (date) and consider he/she is free from or agree with the following –
(please circle your response and comment where appropriate)

YES / NO - Congenital Cataracts
Comment:

YES / NO – Over/undershot jaw (no more than ¼ inch of under or overbite allowable for standard
donkeys, mules and miniatures.
Comment:

YES / NO – Dwarfism
Comment:

YES / NO – Locked stifle
Comment:

YES / NO – Navicular Disease
Comment:

YES / NO – Stringhalt
Comment:

YES / NO – Dock not straight (has kinks)
Comment:

YES / NO – Malformation of the genitals – Jacks only
Comment:

YES / NO – Both testicles descended – Jacks only
Comment:

YES / NO – Cryptorchid or Monorchid – Jacks only
Comment:

YES / NO – Other Determinable Genetic Faults
Comment:

YES / NO – Action appears to be straight, level and true at both a walk and trot. (Weaving, brushing and
dishing is not acceptable).
Comment:

YES / NO – General Conformation & Appearance is balanced and in proportion.
Comment:

YES / NO – Appears to have an Even Temperament.
Comment:

Signed.....
(The information on this form becomes the property of the Donkey & Mule Society of New Zealand Inc)