



Veterinary Examination for Accreditation

REVIEW REGISTRY GUIDELINES BEFORE COMPLETING THIS FORM

PLEASE PRINT CLEARLY

DONKEY DETAILS

Registered Name _____ AKA _____

Date of Birth _____ Registration # _____

Age at Examination _____ Height _____ cm inches

Official Height Measurement Yes No *If yes, the signed Height Certificate must also be submitted*

Microchip Number _____

Microchip Location _____

Branded Yes No Nearside Brand _____ Offside Brand _____

Breed American Miniature Mediterranean Donkey Section A Section B NZ Miniature Donkey
 NZ American Mammoth Donkey Section A Section B
 English/Irish Donkey Section A Section B
 Australian Teamster Donkey NZ Donkey Ponui Island Donkey

Breed Gender Jack Jenny Gelding

Colour Bay Black Brown Cream Grey-Dun Red Dark Red Light Red
 Silver Grey White Roan Broken Colour

Refer Registry Guidelines for more information about colour description

OWNER DETAILS

Name _____ Stud Name _____

Address _____

Email _____ Phone _____

REPLACEMENT CERTIFICATE PAYMENT (IF APPLICABLE)

Replacement Certificate Required Yes No
 Electronic (Emailed) OR Physical (Posted)

Payment of \$_____ was transferred on _____ into DMSNZ account **03-0960-0185073-00**

Refer Registry Guidelines for fee information and how to annotate your bank transfer

VETERINARY EXAMINATION

Head Normal Abnormal _____
jaw is not over/undershot more than 1/4", eyes are free from congenital cataracts

Limbs Normal Abnormal _____
does not have locked stifle or string halt, does not have any obvious foot/hof disease or deformity

Genitalia Normal Abnormal _____
(jack only) both testicles are descended, jack is not cryptorchid or monorchid, genitals are not malformed

Conformation and Appearance

Normal Abnormal _____
balanced and in proportion, no characteristics of dwarfism, no determinable genetic faults

Heartrate Normal Abnormal _____
36 - 52 beats per minute

Temperature Normal Abnormal _____
36.5 - 37.8° celsius

Body Condition

Normal Abnormal _____
not under or overweight, good muscle development

Gait Normal Abnormal _____
gait is smooth, straight, free flowing at walk and trot; weaving, brushing & dishing are not acceptable

Temperament Normal Abnormal _____
displays a calm and even temperament

Other Comments or Observations

Veterinarian Name _____

Veterinarian Practice _____

Examination Address _____

I certify that I have verified the identity of _____ and examined
them as described above on _____ (date)

Signature _____