EXMOOR PONY SOCIETY

Guardians of the Breed since 1921 – Securing the future of the Exmoor pony

COLT/STALLION INSPECTION FORM

NAME OF PONY _____ REGISTRATION NO. _____/_____

NAME OF OWNER _____ MICROCHIP NO. _____

INSPECTED AT _____ DATE OF BIRTH _____

	Excellent	Very Good	Good/Typical	Below Standard	Poor	Comments (if any)
TYPE						
HEAD						
EYES						
NECK						
SHOULDER						
BODY						
HIND QUARTERS						
FRONT LIMBS						
HIND LIMBS						
HOOVES						
MARKINGS						
MANE/ TAIL						
WALK						
TROT						

General Comments: _____

_____

NOTE: To pass a colt/stallion must achieve a minimum of GOOD/TYPICAL in each section. Colts may be presented for re-inspection after a minimum period of 6 months.

Inspector 1 Name _____ Signature _____ Date _____

Inspector 2 Name _____ Signature _____ Date _____

PLEASE RETURN THIS FORM TO: Exmoor Pony Society, Susannah Muir, Bentwitchen Farm, South Molton, Devon, EX36 3HA