

# SMALL HORSE MEASUREMENT FORM



This form is not to be used for pony measurements. Small equines are under 163cm with shoes, 162cm without shoes. Measurements must be taken on a hard, level surface, at the high point of the wither. Measurements required yearly until the Small equine reaches 8 years. **This form is to be used exclusively for the Jovee Pony Farm Championship qualifying classes and the Jovee Pony Farm Championships and NA Petite Equines.** This is not an official USEF or USDF form. *Please complete all fields prior to submission. Submit this form with your entry or have it ready for the Show Veterinarian at the show.*

**THIS FORM IS REQUIRED FOR THE SMALL HORSE DIVISION AND NA PETITE EQUINES.**

EMAIL THE COMPLETED FORM TO: [NAPetiteEquines@gmail.com](mailto:NAPetiteEquines@gmail.com)  
to join the NA Petite Equine Club and to participate in the  
Jovee Small Horse Championships and the NA Petite Equine classes.

## PLEASE COMPLETE THIS SECTION PRIOR TO MEASUREMENT

HORSE'S NAME \_\_\_\_\_ DATE FOALED     /     /

OWNER'S NAME \_\_\_\_\_ HORSE'S USDF # \_\_\_\_\_

OWNER'S EMAIL \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/  
PROVINCE \_\_\_\_\_ ZIP CODE/  
POSTAL CODE \_\_\_\_\_

NAME AND TITLE OF PERSON PROVIDING INFORMATION \_\_\_\_\_

(Please Print - must be 18 years of age or older)

CHECK ONE:  OWNER     PARENT     OTHER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY VETERINARIAN ONLY

DATE OF MEASUREMENT \_\_\_\_\_ TRUE HEIGHT OF ANIMAL \_\_\_\_\_ HANDS \_\_\_\_\_ CM

SHOEING STATUS:     UNSHOD     SHOD ONLY IN FRONT     SHOD ONLY BEHIND     SHOD ALL AROUND

HORSE'S SEX \_\_\_\_\_ COLOR \_\_\_\_\_ BREED \_\_\_\_\_

**MARKINGS (LEAVE NO BLANK SPACES; INDICIATE "NONE" IF NO MARKINGS ARE PRESENT)**

HEAD \_\_\_\_\_ COWLICKS \_\_\_\_\_

BODY \_\_\_\_\_

LEG:                    LF \_\_\_\_\_ RF \_\_\_\_\_

                                 LH \_\_\_\_\_ RH \_\_\_\_\_

**I HEREBY CERTIFY THAT I HAVE EXAMINED THE ABOVE HORSE AND THE INFORMATION IS CORRECT.**

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS (OF PRACTICE) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_