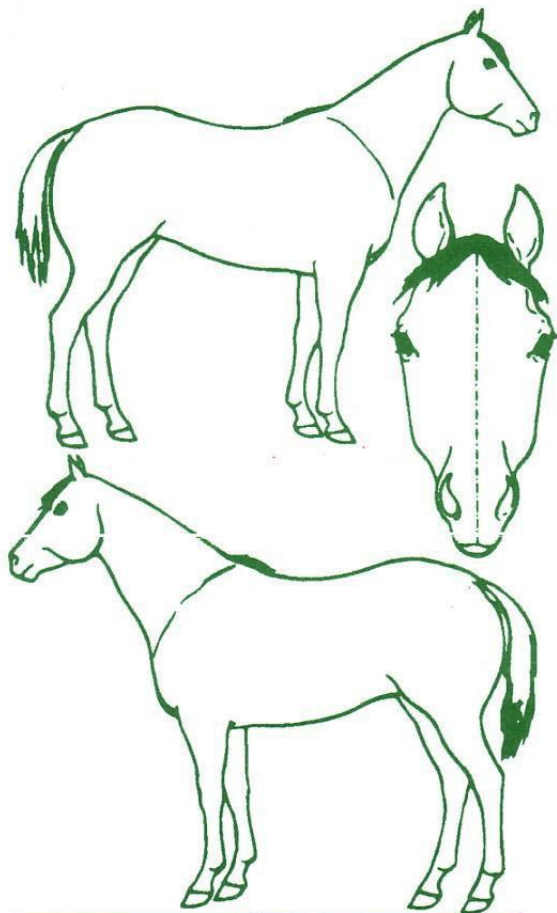


Required if original registration certificate is not available or horse is un-registered.  
Must be completed by a registered veterinarian

Horses Name			
Owners Name		ABHA M'ship	
Owners Address			
AH Phone		Mobile Phone	



Breeders Name	
Breed	
Rego No (If Registered)	
Age	
Colour	
Sex	
Sire	
Dam	

**Owner's Declaration**

I declare, that the information provided on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registered Veterinarian's Declaration**

I declare, that I have inspected and mouthed this horse and to my knowledge the information detailed on this form is true and correct.

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FORE LEGS	<b>FRONT VIEW</b>		HIND LEGS
OFFSIDE	NEARSIDE	OFFSIDE	NEARSIDE
NEARSIDE	OFFSIDE	NEARSIDE	OFFSIDE
FORE LEGS	<b>REAR VIEW</b>		HIND LEGS
NEARSIDE	OFFSIDE	NEARSIDE	OFFSIDE
OFFSIDE	NEARSIDE	OFFSIDE	NEARSIDE

**Please accurately complete all markings, brands and whorls.**