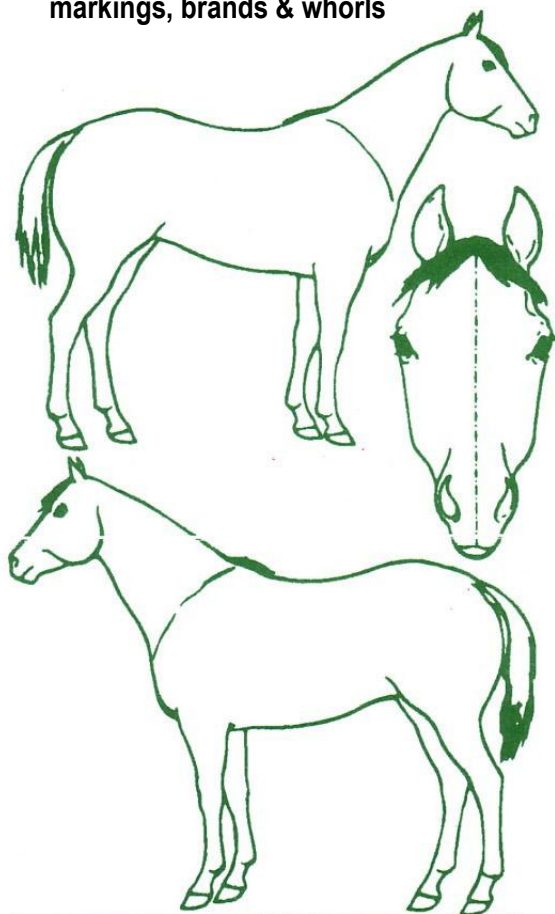


Age Inspection Form

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:	

Please accurately complete all markings, brands & whorls



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	FRONT VIEW		HIND LEGS
OFFSIDE	NEAR SIDE	OFFSIDE	NEAR SIDE
FORE LEGS	REAR VIEW		HIND LEGS
NEAR SIDE	OFFSIDE	NEAR SIDE	OFFSIDE