



GELDING NOTICE

THIS IS TO CERTIFY THAT:

Name of Horse ..... Regn No: .....

Is ..... and was gelded on (date) ...../...../.....
(height - if colt is 2 years or over)

OWNER DETAILS

NAME: ..... MEMBERSHIP NO: .....

ADDRESS:.....
.....

PHONE: ..... EMAIL: .....

SIGNATURE: ..... DATE: .....

VETERINARIAN DETAILS

NAME: .....

ADDRESS:.....
.....

SIGNATURE: ..... DATE: .....

CURRENT REGISTRATIONS

Please return this form to the office with the original copy of registration papers and two current photos for the new registration certificate. The photos must be clear side shots (one of either side).

[ ] Tick this box if you wish to have a copy of your old registration certificate returned to you.

OFFICE USE ONLY

RECEIVED: \_\_\_\_\_ REGISTRATION CHECKED: \_\_\_\_\_