



Paint Horse Association of Australia Ltd

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DEATH NOTICE

NAME OF HORSE:.....	REG NO:.....
DATE OF DEATH:/...../.....	

OWNER DETAILS	
NAME:	
ADDRESS:.....	
PHONE:	EMAIL:
SIGNATURE:	DATE:

Please return this form to the office with the original copy of registration papers for notation

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

OFFICE USE ONLY

RECEIVED: _____ REGISTRATION CHECKED: _____