



Paint Horse Association of Australia Ltd
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NOTICE OF DEATH

Name of Horse

PHAA Registration Number **Date of death.**/...../.....

Signed

OWNERS NAME

ADDRESS

CITY **STATE** **POSTCODE**

PHONE NUMBER:

**PLEASE RETURN THIS FORM TO THE OFFICE WITH THE ORIGINAL COPY OF
REGISTRATION PAPERS FOR NOTATION.**

**PLEASE TICK THIS BOX IF YOU WISH TO HAVE THE CERTIFICATE RETURNED
TO YOU.**