

This Certificate is to be completed by a Veterinarian

HORSES DETAILS

Rego No:	DOB:	Height:
	OWNERS DE	TAILS
Owner's Name:		ASEA Inc No:
	VET DECLAR	ATION
do hereby certify, that on	(date	e) I have examined the horse named above an
	Please tick:	:
[] Removed	l both testes of the abov	ve named stallion/colt Or
[] Examined the aboven	amed horse/pony and o	certify it has been previously castrated.
Name:		
Signature:		
Qualifications:_		
e		

Send this form with Original Registration Certificate to: registrar@smallequine.com.au

