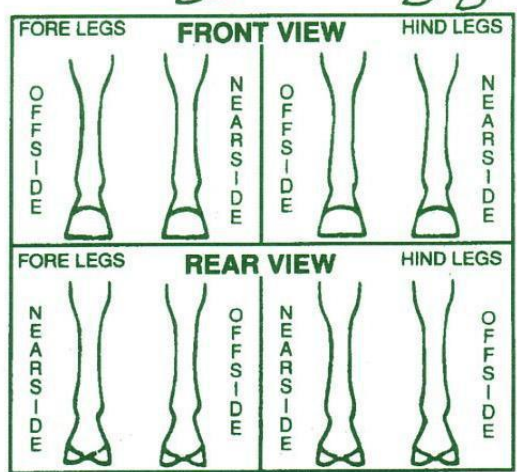
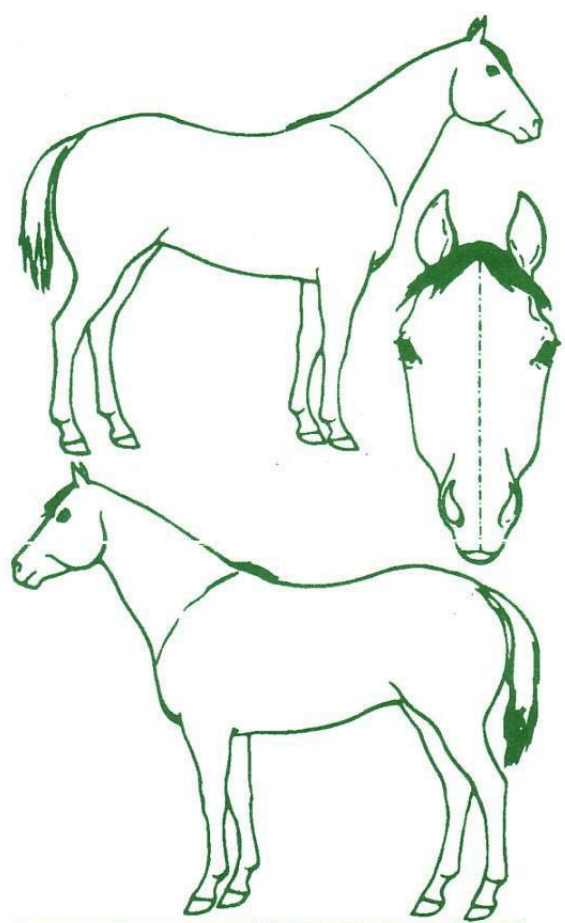


Required if original registration certificate is not available or horse is un-registered.
Must be completed by a registered equine dental veterinarian

Horses Name			
Owners Name		ABHA M'ship	
Owners Address			
AH Phone		Mobile Phone	

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 Equine Dental Veterinarian's Declaration

I declare, that I am a registered Equine Dental Veterinarian and 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: _____

Please accurately complete all markings, brands and whorls.