

ABHAID

Horse Name

Breed Registry Number

Sex

Colour

Foaled

Current Age

Owner

Breeder

AS OF Tuesday, 23 September 2025

HORSE IS ELIGIBLE TO COMPETE IN

- 4yr Old Futurity**
- 5yr Old Futurity
- 6yr Old Futurity
- 7yr Old Maturity
- 8yr Old Maturity
- 9yr Old Maturity


Marking



ABHA Age Inspection Form

Required to complete registration application and available to view in our register.
A registered Equine Practitioner must complete the markings and declaration.
Incomplete forms or forms not filled out by an Equine Practitioner may be rejected.
*Marked fields

Horse Name <input type="text" value="Buddy"/>	
Owner Name <input type="text" value="Lucy Oversby"/>	Phone Number <input type="text" value="0845 452 510"/>
Club Address <input type="text" value="P.O. Box 115, Berrigan, NSW 2859"/>	Equine Practitioner Name <input type="text" value="Lucy Oversby"/>
Owner Mobile Phone <input type="text" value="0845 452 510"/>	Equine Practitioner Phone <input type="text" value="0845 452 510"/>



Colour <input type="text" value="Bay"/>
Sex <input type="text" value="Gelding"/>
Markings <input type="text" value="White blaze on face"/>
Other <input type="text" value=""/>

I declare that the information provided on this form is true and correct.
Signed: Date:

Registered Equine Practitioner Declaration
I declare that I am a registered Equine Practitioner and that I have completed the markings and declaration on this form in full and correct.
Name: (Please print name)
Practice Name:
Address:
Phone: Fax:
Signed: Date:

13-0205-ABHA-AgedAge-Form Page 1

PLEASE REMEMBER TO BRING ORIGINAL BREED CERTIFICATE TO EACH EVENT FOR AGE CHECKS