

ABHAID

Horse Name

Breed Registry Number

Sex

Colour

Foaled

CurrentAge

Owner

Breeder

AS OF Friday, 1 August 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 if original registration certificate is not available on horse to be registered.
Must be completed by a registered veterinarian

Horse Name <input type="text" value="Admirals Sweet Freckle"/>	
Current Name <input type="text" value="Admirals Sweet Freckle"/>	ABHA ID No. <input type="text" value="109"/>
Current Address <input type="text" value="4444 Main Street, Brisbane QLD 4000"/>	
Alt Phone <input type="text" value="07 5555 1234"/>	Mobile Phone <input type="text" value="08 1234 56789"/>
Breeder's Name <input type="text" value="George Gordon"/>	
Breed <input type="text" value="Chestnut"/>	
Page No. <input type="text" value="1"/>	
Age <input type="text" value="9"/>	
Colour <input type="text" value="Chestnut"/>	
Sex <input type="text" value="Gelding"/>	
Breed Advice Site Status <input type="text" value="None"/>	
Date <input type="text" value="1/08/2025"/>	



Inspector's Declaration:
I declare that the information provided on this form is true and correct.
Signature: _____ Date: 1/08/2025

Practitioner's Declaration:
I declare that I have inspected and marked the horse and to my knowledge the information supplied on this form is true and correct.
Name: _____
Practice Name: _____
Address: _____
Phone No: _____
Signature: _____ Date: 1/08/2025

Please accurately complete all markings, letters and numbers.

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