



GELDING NOTICE

THIS IS TO CERTIFY THAT:

Name of Horse: _____ Registration no: _____

Is _____ and was gelded on ____/____/_____
(Height – If colt is 2 years or over)

OWNER DETAILS

Name: _____ Membership Number: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

VETERINARIAN DETAILS

Name: _____

Address: _____

Signature: _____ Date: _____

Please return this form to the office with the original copy of registration papers and email two current side-on photos for the new registration certificate. Photos must be clear side-on shots (one of either side).

Tick this box if you wish to have a copy of your old registration certificate returned to you.

OFFICE USE ONLY

Received: _____ Registration Checked: _____