

**THIS FORM MUST BE COMPLETED BY THE VET**

Registered Name: .....

Registration Number: ..... Colour: .....

Microchip Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Owners Name(s): .....

.....

Owners Address: .....

.....

**MARKINGS, BRANDS AND/OR MICROCHIP NO**

- All **markings** must be exactly and clearly shown.
- **Brands** must be drawn on the diagram **AND Microchip Number** advised above.
- For grey horses – white markings with pink under skin must be shown.
- Faint facial markings without underlying pink skin may also be recorded.

**Testicles descended into the Scrotum**

Two ☐ One ☐ None ☐

Date: .....

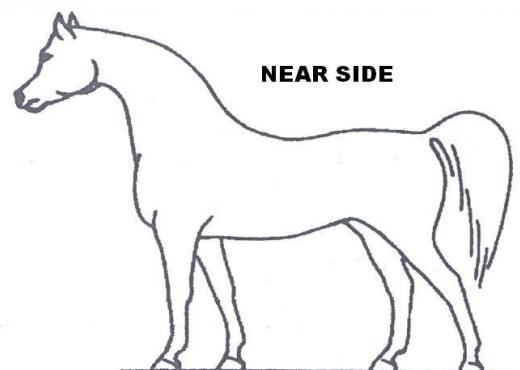
I declare that on the above date, I examined the horse described on diagrams and found him to have two / one / no descended testicles at the time of examination.

.....  
Signature of Veterinary Surgeon

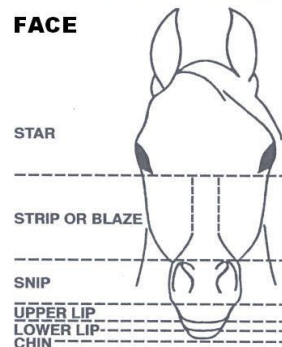
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Name and address of Veterinary Surgeon (please print).

Phone: .....



**FACE**



**OFF SIDE**

