

The Arabian Horse Society of Australia Ltd.
ABN 12 001 281 590

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THIS FORM MUST BE COMPLETED BY THE VET

•							
Registration Number	r:			Colour:			
Microchip Number:							
Owners Name(s):		••••					
Owners Address:							
MARKINGS, BRA	NDS AND/OR	MICROCHII	P NO				
• All <u>markings</u> m	nust be exactly a	and clearly sho	wn.				
• Brands must be	-	=		Number ac	dvised abov	e.	
• For grey horses							
• Faint facial mar	kings without u	nderlying pink	skin may al	so be recor	ded.		
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Testic	cles descended	l into the Scr	otum			}	
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Date:						RR	- B 14
I declare that on the	ne above date,	I examined th	e horse des	scribed	FACE		
on diagrams and fo	ound him to ha	ive two / one					
testicles at the time	e of examinati	on.			STAR		S
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	CXI				STRIP OR	BLAZE	
Sig	gnature of Vet	erinary Surge	on				
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						OFF SIDE	1
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Name and add	dress of Veteri	nary Surgeon	(please prin	nt).	1 11		1
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