

THIS FORM MUST BE COMPLETED BY THE VET

Registered Name:

Registration Number: Colour:

Owners Name(s):

.....

Owners Address:

.....

MARKINGS, BRANDS AND/OR MICROCHIP NO

- All **markings** must be exactly and clearly shown.
- **Brands** must be drawn **AND Microchip Number** advised.
- 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

.....
 Name and address of Veterinary Surgeon (please print).

Phone:

