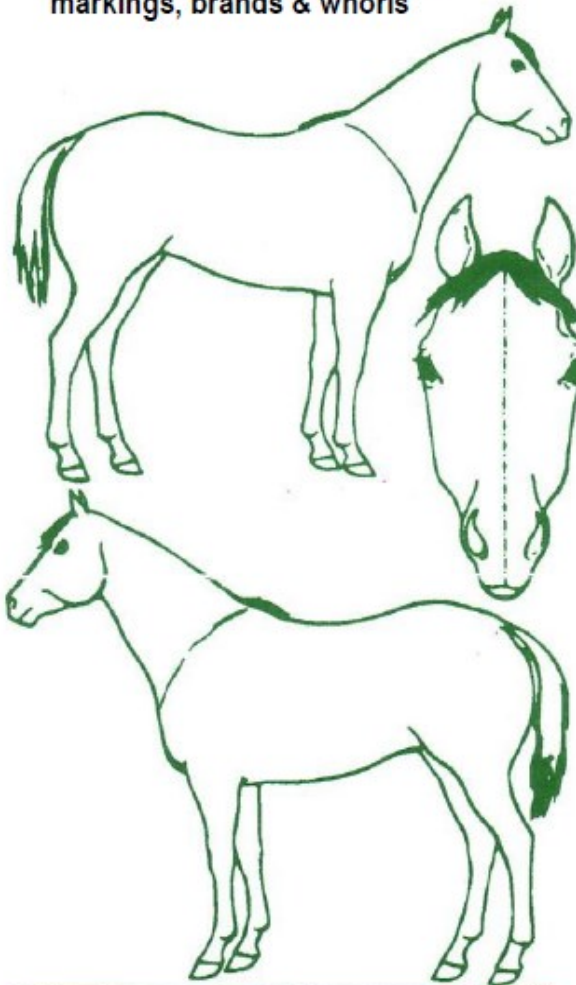




PROOF OF AGE FORM

Please accurately complete all markings, brands & whorls



Horse Name	
Owners Name	
NBHA M'Ship #	
Address	
Phone	
Mobile	
Breed	
Rego No	
Age	
Colour	
Sex	

Owners Declaration

I, _____, declare that all information provided on this form is true and correct

Signature: _____

Date: ___/___/___

Veterinarian Declaration

I, _____, declare that I have inspected the horse and advise that the information provided is true and correct

Name: _____

Practice: _____

Address: _____

Contact Number: _____

Signature: _____

Date: ___/___/___

FORE LEGS	FRONT VIEW	HIND LEGS
OFFSIDE	NEAR SIDE	OFFSIDE
NEAR SIDE	OFFSIDE	NEAR SIDE
FORE LEGS	REAR VIEW	HIND LEGS
NEAR SIDE	OFFSIDE	NEAR SIDE
OFFSIDE	NEAR SIDE	OFFSIDE

***Complete all markings, brands, whorls
Microchip Number is applicable
