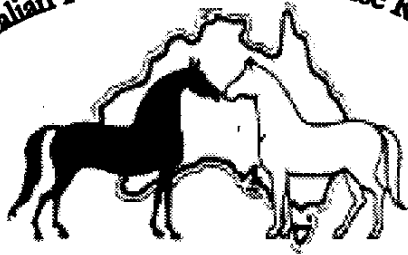


Australian Part Bred Morgan Horse Registry



Morgan Horse Association of Australia Inc.

Notification of Birth of Part Bred Morgan Foal

PREFERRED NAMES: (1) _____

(2) _____

SEX: _____

No. (to be supplied by Registrar): _____

FOALING DATE: _____ COLOUR: _____

MARKINGS: _____

BREEDER'S NAME: _____

& ADDRESS: _____

OWNER'S NAME: _____

& ADDRESS: _____

SIRE'S NAME _____

Reg. No. _____

DAM'S NAME _____

Reg No. _____

(if applicable)

DATE OF APPLICATION

OWNER'S SIGNATURE

Please complete diagrams on reverse of form.

Forward **PINK** mare owner's copy of stallion service certificate with this notification.

This form, together with mare owner's copy of stallion service certificate,
to be forwarded **WITHIN 90 DAYS OF FOALING DATE** to:
Part Bred Registrar, Morgan Horse Association of Australia, PO Box 69, Mt Beauty, Vic. 3699

