

Notification of Gelding

Morgan Horse Association of Australia Inc.

Name: _____

Owner: _____

Address: _____

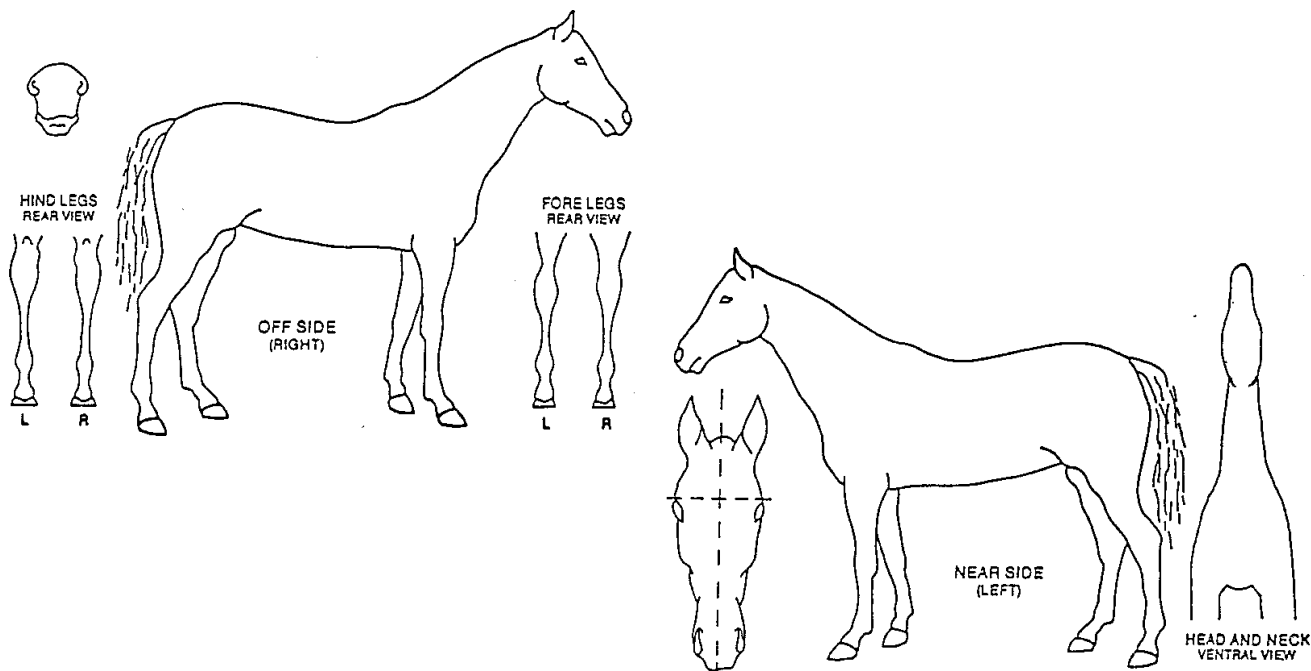
Foaling Date: _____ Colour: _____

Markings, brands, etc: _____

Sire's Name: _____ Reg. No. _____

Dam's Name: _____ Reg. No. _____

(if applicable)



I hereby declare that the horse described above was gelded / inspected by me on _____
(strike one out) (Date)

Vet's name (please PRINT): _____

Signature: _____ Date: _____

POST TO: Part Bred Registrar, Morgan Horse Association of Australia, PO Box 69, Mt Beauty, Vic. 3699