

Name of Horse: _____

ESNZ Registration Number: _____

To be filled in by Veterinarian

(DO NOT leave any blank lines)

Signature & Stamp
of National Federation:

Date: _____

Date of birth: _____ Country of birth: _____

Colour: _____ Sex: _____ Height: _____ Breed: _____

Sire: _____ Dam: _____ Sire of Dam: _____

Head: _____

Left fore: _____

Right fore: _____

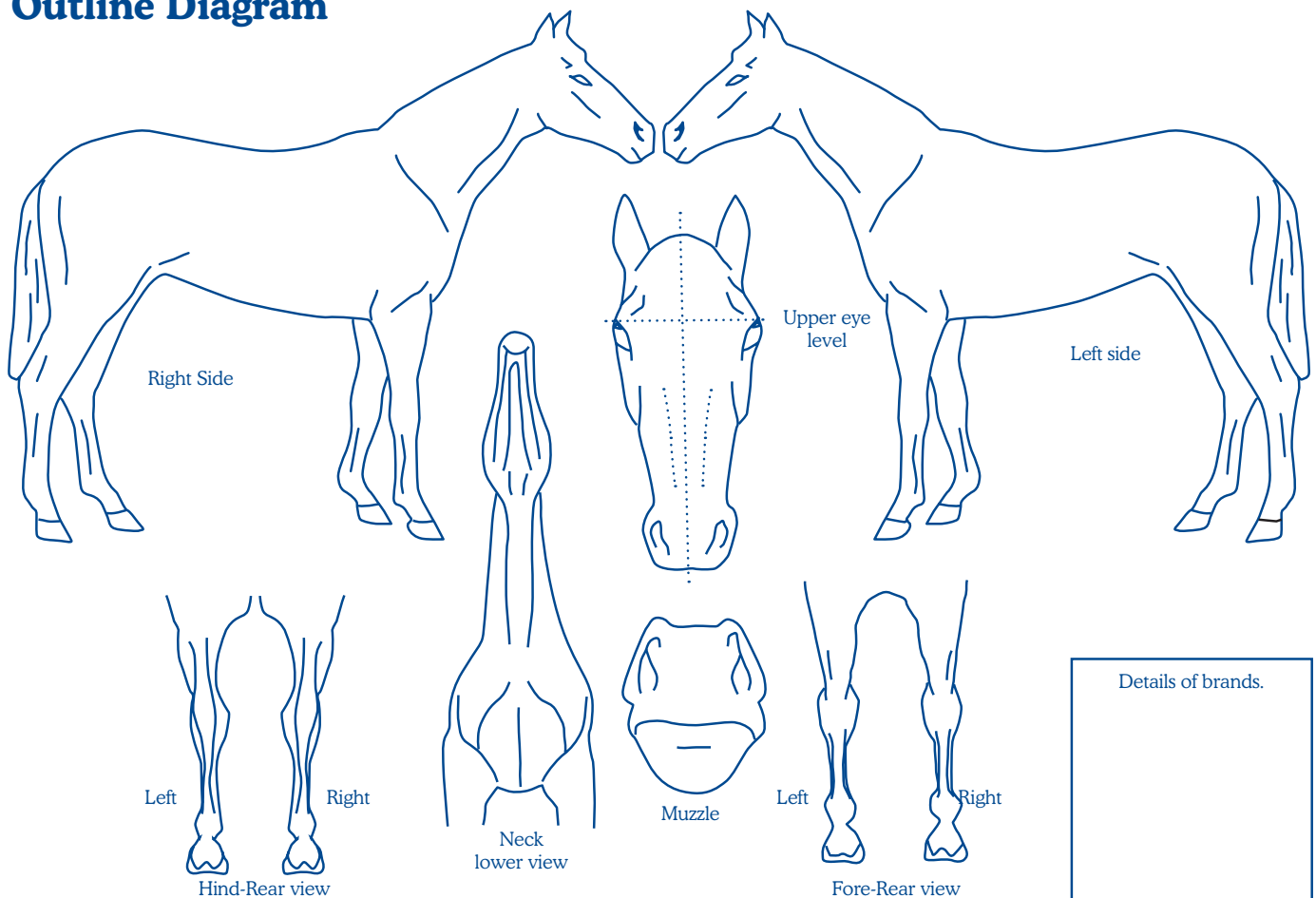
Left hind: _____

Right hind: _____

Body Markings: _____

Additional identification: _____

Outline Diagram



Markings to be drawn in red. Brands sketched in place and in detail box.

Whorls marked with X in black. Scars with an arrow.

Signature & Stamp of Veterinarian:

Please print name & address of Veterinarian:

Date of inspection: _____

Location of inspection (list below): _____

Phone: _____