

**BIRTH NOTIFICATION FORM**

To be used when no birth notification has been received or when it has been lost.

*Please send to the Registrar when completed (and within 2 weeks of foaling).*

|  |  |
| --- | --- |
| Certificate Number |  |
| Stallion Name |  |
| Registration Number |  |
| Service Date |  |
| Mare Name |  |
| Registration Number |  |
| Date of Birth |  |
| Microchip Number |  |

**BIRTH NOTIFICATION**

|  |  |
| --- | --- |
| Foaling Date |  |
| Sex (Colt/Filly) |  |
| Colour |  |
| Markings |  |

|  |  |
| --- | --- |
| **Please Tick** | **Comments** |
|  | Slipped |
|  | Aborted |
|  | Born Dead |
|  | Died Shortly After Birth |
|  | Deformed |
|  | Dwarf |
|  | Water Head |
|  | Other |

|  |
| --- |
| **Name of Foal** (please provide at least 2 alternatives) |
| 1 |  |
| 2 |  |
| 3 |  |

|  |
| --- |
| **Owner of Mare Details** |
| Name |  |
| Address |  |
| Mobile/Phone |  |
| E-mail |  |
| Signature |  |
| Date |  |

|  |
| --- |
| **Owner of Foal Details**(if same as mare owner, fill in as per mare owner details) |
| Name |  |
| Address |  |
| Mobile/Phone |  |
| E-mail |  |
| Signature |  |
| Date |  |