



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).

Louis Weitenberg
NZFHS Inc Registrar
349 Gillespies Line, RD5
Palmerston North, 4475

registrar@nzfhs.co.nz

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

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NZFHS Inc Registrar
349 Gillespies Line
RD5, Palmerston North, 4475

www.nzfhs.co.nz
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Ph: 027 276 3515
E-mail: registrar@nzfhs.co.nz

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	