



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).

Marianne 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

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

www.nzfhs.co.nz
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Ph: 027 683 6840
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	