

## 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 – within 2 weeks after foaling.

<b>CERTIFICATE NUMBER:</b>
Stallion:
Stallion registration number:
Service date:
Mare name:
Mare registration number:
Date of birth:
Microchip number:

### BIRTH NOTIFICATION

Foaling date:
Sex: Colt / Filly (strike through what is not applicable)
Colour:
Colour:
Name of Foal (provide two alternatives)
1. _____
2. _____

Please Tick	Comments
<input type="checkbox"/>	Slipped
<input type="checkbox"/>	Aborted
<input type="checkbox"/>	Born Dead
<input type="checkbox"/>	Died shortly after birth
<input type="checkbox"/>	Deformed
<input type="checkbox"/>	Dwarf
<input type="checkbox"/>	Water head
<input type="checkbox"/>	Other

Owner of Mare	Owner of Foal (if same as mare owner, write 'as per mare owner')
Name:	
Address:	
Town/City:	
Postcode:	
Phone:	
Email:	

Signature of Mare Owner:	Date:
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