

**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.

CERTIFICATE NUMBER:

Stallion:

Registration Number:

Service date:

Mare name:

Registration number:

Date of Birth:

Microchip number:

**BIRTH NOTIFICATION**

Foaling date:

Sex: Colt/Filly (strike through what is not applicable)

Colour:

Markings:

Name of Foal: (provide at least 2 alternatives)

**Please Comments**

**Tick**

Slipped

Aborted

Born Dead

Died shortly after birth

Deformed

Dwarf

Water head

Other

Owner of mare Owner of the foal:

(If same as mare owner, write as per mare owner)

Name:

Address:

Town/City:

Postcode:

Phone:

Email :

Signature of mare owner:

Date:



Registrar: Sandy Nogueira, PO Box 21135, Henderson, Waitakere, Auckland , email registrar@nzfhs.co.nz Ph: 021755592

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