

# VETERINARY VERIFICATION FORM

This document is to be completed by a Registered Veterinarian.



Horse's HRNZ Registered Name: \_\_\_\_\_ Horse's Show Name: \_\_\_\_\_

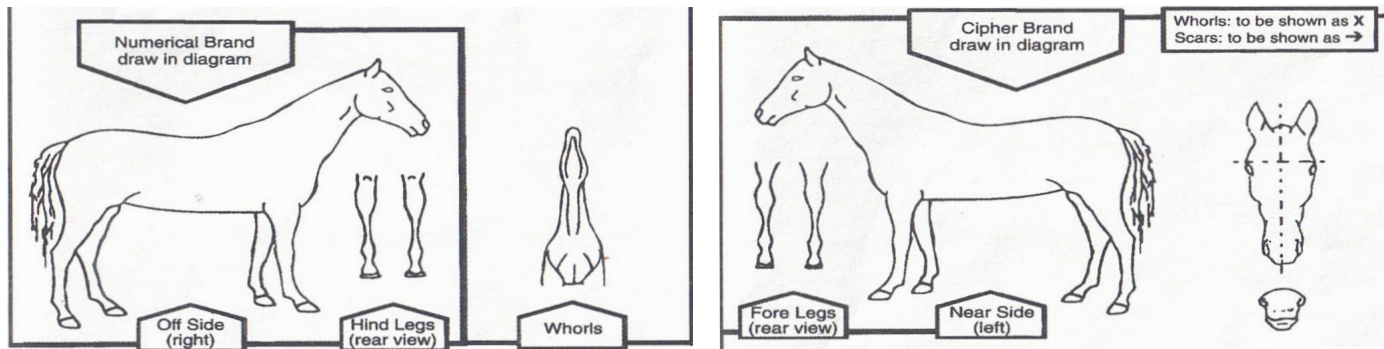
Horse's Microchip #: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ SEX: M G S

## OWNERS DETAILS

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## VETERINARY DETAILS

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_



**I ACKNOWLEDGE THE ABOVE DETAILS ARE TRUE AND CORRECT:**

VET SIGNATURE:

DATE:

OWNER SIGNATURE:

Colour: \_\_\_\_\_ Scars: \_\_\_\_\_ Markings: \_\_\_\_\_

OFFICE USE ONLY

SIGNATURE:

PASSPORT REGISTRATION # \_\_\_\_\_

DATE: