

NATIONAL CUTTING HORSE ASSOCIATION



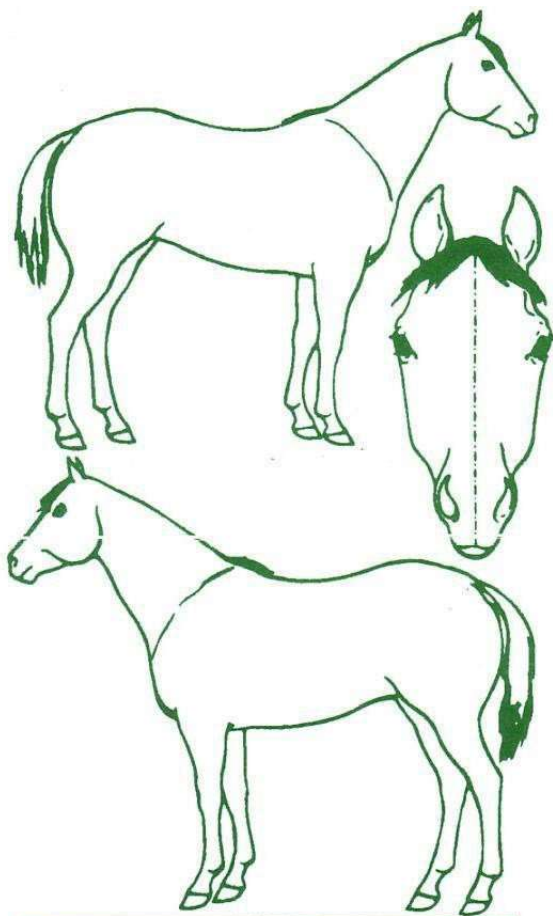
AGE INSPECTION FORM

*This form is only required if original registration certificate is not available, or horse is un-registered.
Must be completed by a registered veterinarian.*

Horses Name			
Owners Name			
NCHA M'Ship	Contact Number		

BREEDING INFORMATION

Foaled Date	
Breeders Name	
Breed	
Sex	
Colour	
Sire	
Dam	



FORE LEGS	FRONT VIEW		HIND LEGS
OFFSIDE	NEAR SIDE	OFFSIDE	NEAR SIDE
FORE LEGS	REAR VIEW		HIND LEGS
NEAR SIDE	OFFSIDE	NEAR SIDE	OFFSIDE

Owners Declaration

I declare that the information provided on this form is true and correct.

Signature: _____ Date: _____

Registered Veterinarian's Declaration

I declare that I have inspected and mouthed this horse and to my knowledge the information detailed on this form is true and correct.

Name: _____

Practice Name: _____

Address: _____

Phone No: _____

Signature: _____ Date: _____

Please accurately complete all markings, brands and whorls

PLEASE RETURN FORM TO: admin@ncha.com.au
All details must be filled in correctly before returning to the NCHA Office