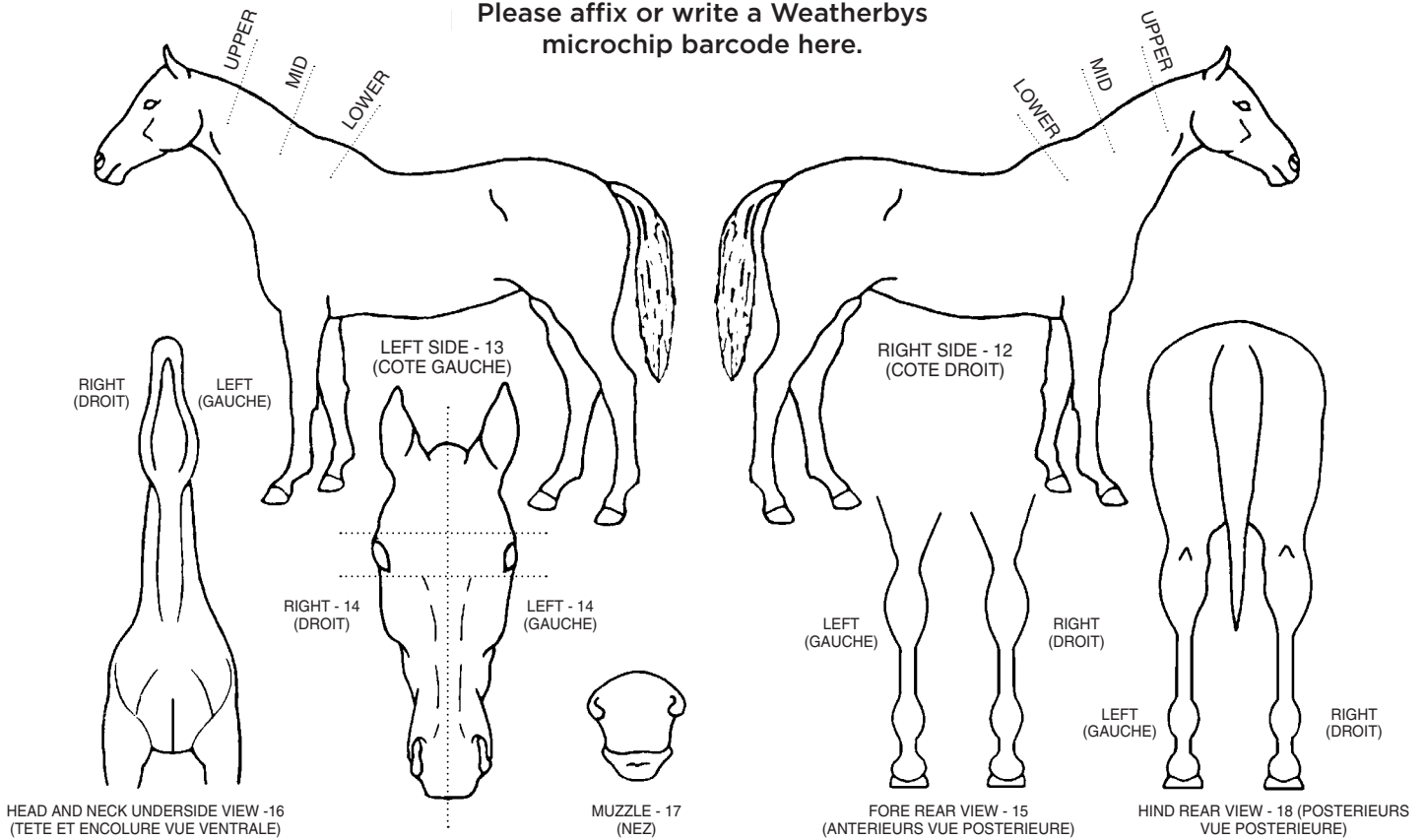


Please affix or write a Weatherbys
microchip barcode here.



NAME AND ADDRESS OF VETERINARY SURGEON (IN BLOCK CAPITALS)	Date of examination / /
	Signature of Veterinary Surgeon (not to be the breeder, owner or trainer of the horse)

VETERINARY CERTIFICATE OF AGE AND MARKINGS FOR IDENTIFICATION PURPOSES

Please read instructions overleaf before completing this form.

NAME OF OWNER		TEL	
ADDRESS			

*THESE ITEMS ARE BASED ON INFORMATION SUPPLIED BY THE OWNER OR THEIR AGENT. PLEASE WRITE CLEARLY.

COLOUR (Robe)	SEX (Sexe)	* DATE OF BIRTH (D.d.N)	* SIRE (Pere)	* DAM (Mere)
HEAD - (3b) (TETE)				
L.F. (A.G.) (3c)				
R.F. (A.D.) (3d)				
L.H. (P.G.) (3e)				
R.H. (P.D.) (3f)				
BODY /NECK- (3g) (CORPS)				
MARKINGS (3h) (MARQUES)				

DO NOT WRITE BELOW THIS LINE