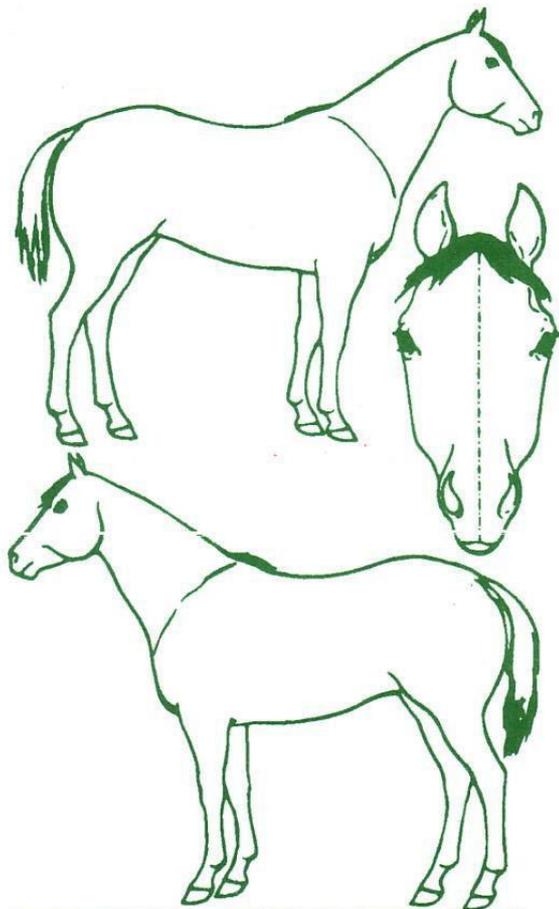




Age Inspection Form

Required if original registration certificate is not available or horse is un-registered.
Must be completed by a registered veterinarian

| | | | |
|-------------|--|-------------------|--|
| Horse Name | | | |
| Owners Name | | QBRA Membership # | |
| Address | | | |
| Phone | | Mobile Phone | |



| | |
|--------|--|
| Age | |
| Breed | |
| Colour | |
| Sex | |

Owner's 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: _____

| | | | |
|-----------|-------------------|----------|-----------|
| FORE LEGS | FRONT VIEW | | HIND LEGS |
| OFFSIDE | NEARSIDE | OFFSIDE | NEARSIDE |
| FORE LEGS | REAR VIEW | | HIND LEGS |
| NEARSIDE | OFFSIDE | NEARSIDE | OFFSIDE |

Please accurately complete all markings, brands and whorls.