



# Riding Pony Stud Book Society Ltd

A Company Limited by Guarantee ABN 18 129 850 531  
Post Office Box 623 RICHMOND NSW 2753  
Ph: (02) 4577 5530  
email: juliet@rpsbs.com.au

**THIS FORM MUST BE COMPLETED BY THE VET**

Registered Name: .....

Registration Number: ..... Colour: .....

Owners Name(s): .....

Owners Address: .....

### MARKINGS, BRANDS AND/OR MICROCHIP NO

- All **markings** must be exactly and clearly shown.
- **Brands** must be drawn **AND/OR Microchip Number** advised.
- For grey horses – white markings with pink under skin must be shown.
- Faint facial markings without underlying pink skin may also be recorded.

### Testicles descended into the Scrotum

Two  One  None

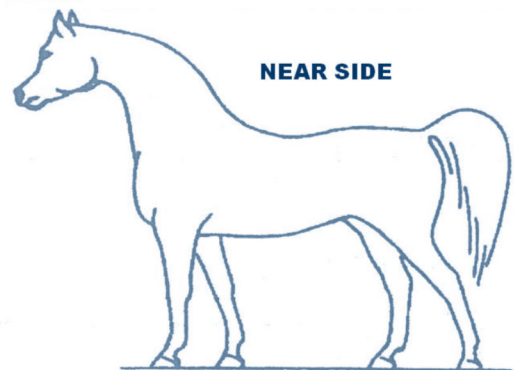
Date: .....

I declare that on the above date, I examined the horse described on diagrams and found him to have two / one / no descended testicles at the time of examination.

.....  
Signature of Veterinary Surgeon

.....  
Name and address of Veterinary Surgeon (please print).

Phone: .....



### FACE

