



NOTICE OF DECEASED HORSE

Return Form To:

The Registrar
PO BOX 2146
Stortford Lodge
Hastings, 4153

NAME OF HORSE: _____

DATE OF DEATH: _____

REGISTRATION NUMBER: _____

OWNER: _____

ADDRESS: _____

PHONE _____ E MAIL _____

SIGNATURE:

(All to sign)

Date

NOTE:

No Fees apply.

Please return this form with the original registration certificate. If you would like the certificate returned please provide a stamped addressed envelope and we will return it to you.