



American Shetland & Derivative
Association of New Zealand Inc



NOTICE OF GELDING

NAME OF HORSE: _____

DATE GELDED: _____

REGISTRATION NUMBER: _____

OWNER: _____

ADDRESS: _____

PHONE _____ E MAIL _____

SIGNATURE: _____

(All to sign)

Date

NOTE: There is NO CHARGE to complete this process.

Please return this form with a new set of photographs. We require one of the left side, one of the right side and one of the head front on with forelock pulled back. Please refer to the How to Register guidelines for photograph requirements.

Return Form by mail to:

The Registrar
PO BOX 2146
Stortford Lodge
Hastings, 4153

Or Email Form and Photos to:

Alannah.horrocks@yahoo.co.nz