



PAINT HORSE ASSOCIATION OF NEW ZEALAND INC

PO BOX 70
PUTARURU 3443
NEW ZEALAND

NOTIFICATION OF GELDING A HORSE

I hereby certify that the horse.....Reg No.....

Was gelded by.....at.....

On the.....day of.....200.....

Veterinary Practice
Name.....

Owner Name.....

Address.....

.....

Phone.....Fax.....

Signature.....

Date.....