



Paint Horse Association of New Zealand

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NOTIFICATION OF GELDING A HORSE

I hereby certify that the horse _____

Reg No: _____ was gelded by _____

at _____

On the _____ day of _____ 20 _____

Veterinary Practice Name: _____

Owner Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Date: ____/____/____

OFFICE USE ONLY:

DATE RECEIVED: ____/____/____

RECORDS UPDATED / NEW CERTIFICATE PRINTED ____/____/____

