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## NOTIFICATION OF GELDING

I/We wish to advise that the horse named:

\_\_\_\_\_

Colour: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Was GELDED on \_\_\_\_\_

The operation was performed by the registered Veterinary Surgeon (name) \_\_\_\_\_

\_\_\_\_\_

Signed (managing owner) \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Number(s) \_\_\_\_\_

Date \_\_\_\_\_