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NOTIFICATION OF GELDING

Please ensure that all required information is provided as incomplete notifications will be returned to the originator unprocessed

I, the undersigned, wish to advis	e that the horse described	below:	
Named	(insert registered name of horse)		
or			
Unnamed	(insert Certificate Numbe	r, Freeze Brand Number or Microchip Number)	
Sire		Dam	
Colour		Foal Date	
was GELDED on	insert date procedure undertaken)		
The procedure was performed	by the Registered Veterina	ry Surgeon	(insert name of RVS)
Name of person completing thi	s form		
Signature of person completing	this form		
Capacity of Signatory (tick one)	Sole Owner	Partnership Manager	Nominated Trainer
Notification Date			
The amended Registration Asses	sment Card (RAC) is to be	posted to:	
Name of RAC Recipient			
Street Address / PO Box			
City / Town / Suburb		State	Post Code