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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	o advise that the horse	described b	elow:				
Named	(insert registered name of horse)						
or							
Unnamed		(insert Certificate	Number or Freeze Brand Numbe	r)			
Sire			Dam				
Colour			Foal Date				
was GELDED on	(insert date procedure undert	taken)					
The procedure was perfo	ormed by the Registere	d Veterinary	/ Surgeon	(in:	sert name of RVS)		
Name of person complete	ting this form						
Signature of person com	pleting this form						
Capacity of Signatory	(tick one) Sole Ow	vner	Partnership M	1anager	Nominated T	rainer	
Notification Date							
The amended Registration	n Assessment Card (RAC	C) is to be po	osted to:				
Name of RAC Recipient							
Street Address / PO Box							
City / Town / Suburb			State		Post Code		