

## 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 advise that the horse described below:

Named

or

Unnamed

Sire

Dam

Colour

Foal Date

was **GELDED** on

The procedure was performed by the Registered Veterinary Surgeon

Name of person completing this form

Signature of person completing this form

Capacity of Signatory *(tick one)*  Sole Owner  Partnership Manager  Nominated Trainer

Notification Date

The amended Registration Assessment Card (RAC) is to be posted to:

Name of RAC Recipient

Street Address / PO Box

City / Town / Suburb  State  Post Code