



GELDING NOTIFICATION

Registered Name of Pony: _____
(Please Print)

Studbook No: _____ OR Sports Register No: _____

For Studbook ponies please complete the following:

Microchip number (checked by veterinarian): _____

OR

Brand: Near side/Left:

Off side/Right:

Name of Owner/Leasee at Gelding: _____

I hereby certify I have gelded the above named pony.

Name of Veterinarian: _____ Date: / /20

Signature of Veterinarian: _____

Name of Veterinary Practice: _____

Send this completed form to the CPSNZ Registrar at registrar.cpsnz@gmail.com or see <http://horsetalk.co.nz/connemara/contact.shtml> for Registrar's postal address

CPSNZ Office Use only	Received on date:
Received by CPSNZ Registrar:	CPSNZ registrar Signature: