



ABN 12 397 740 514

P.O Box 56 Beaconsfield
TAS 7270

AUSTRALIAN MINIATURE HORSE & PONY REGISTRY

CERTIFICATE OF SUITABILITY

Entire form to be completed by a qualified Veterinarian

I _____ do hereby certify that I have examined,

On this _____ day of _____ month _____ year

NAME OF HORSE/PONY _____

DATE OF BIRTH _____ HEIGHT _____

COLOUR _____

MARKINGS _____

REGISTRATION NO _____ BRANDS/MICROCHIP _____

OWNER/LESSEE _____

ADDRESS _____

_____ POST CODE _____

On this particular day, at the time of examination, it has been found that this horse/pony
has no visible signs of defects.

Tick/Cross box if suitable/not suitable for the purpose ofand
comment as applicable.

Comments _____

Signature _____ Qualifications _____