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BANKSTOWN NSW 1885
T 02 9722 6600

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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 advise that the horse described below:

Named *(insert registered name of horse)*

or

Unnamed *(insert Certificate Number, 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 Veterinary Surgeon *(insert name of RVS)*

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