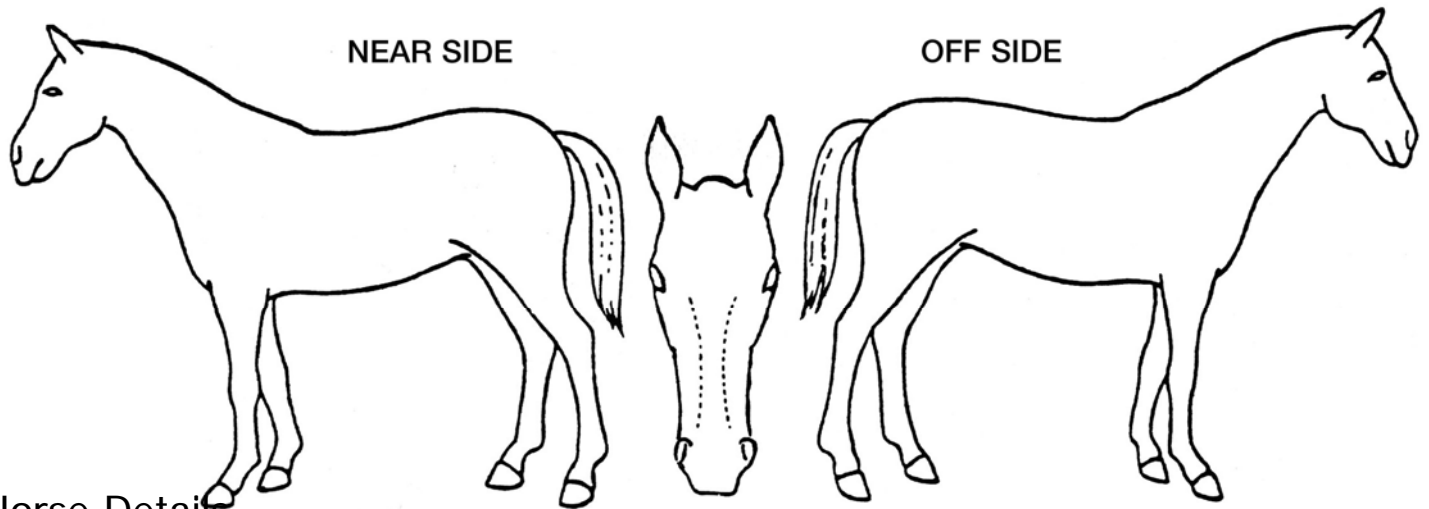




**Medication Control Horse Identification Form**

**MARKINGS**



Horse Details

Name \_\_\_\_\_ Colour \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_ Brands \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_

White Markings

Left Fore \_\_\_\_\_

Right Fore \_\_\_\_\_

Left Hind \_\_\_\_\_

Right Hind \_\_\_\_\_

Head and Neck \_\_\_\_\_

\_\_\_\_\_

Scars \_\_\_\_\_

Whorls \_\_\_\_\_

\_\_\_\_\_

**DECLARATION BY OWNER/S**

I / We hereby certify that the particulars supplied on this form are true and correct in every respect.  
I / We certify that I / We am / are the legal owners of the said horse. As parent / guardian of the  
above noted owner of this horse I undertake to accept all the responsibilities of ownership.

Signature of all owners/person responsible:

\_\_\_\_\_ Date: