



ABN 83 117 455 419

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 of .....and  
comment as applicable.

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Qualifications \_\_\_\_\_