

Recording Form NAME OF HORSE: GENDER: BIRTH DATE: COLOUR: HEIGHT: DNA NUMBER: UELN: PASSPORT NUMBER: MICRO CHIP NUMBER: **DECLARATION** I declare that I am the owner/ have bred the horse described here and that the breeding details and identification marks are correct on the passport copy submitted. If a member, I agree to honour and submit myself to the Regulations of the South African Warmblood Horse Society. Signature Name of Breeder & Owner: EMAIL: Cell: Accepted for Recording Date: Breed Manager Signature CELL (+27) **061 445 4646** E-MAIL office@sawhs.co.za, accounts@sawhs.co.za www.sawarmbloodhorses.com

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