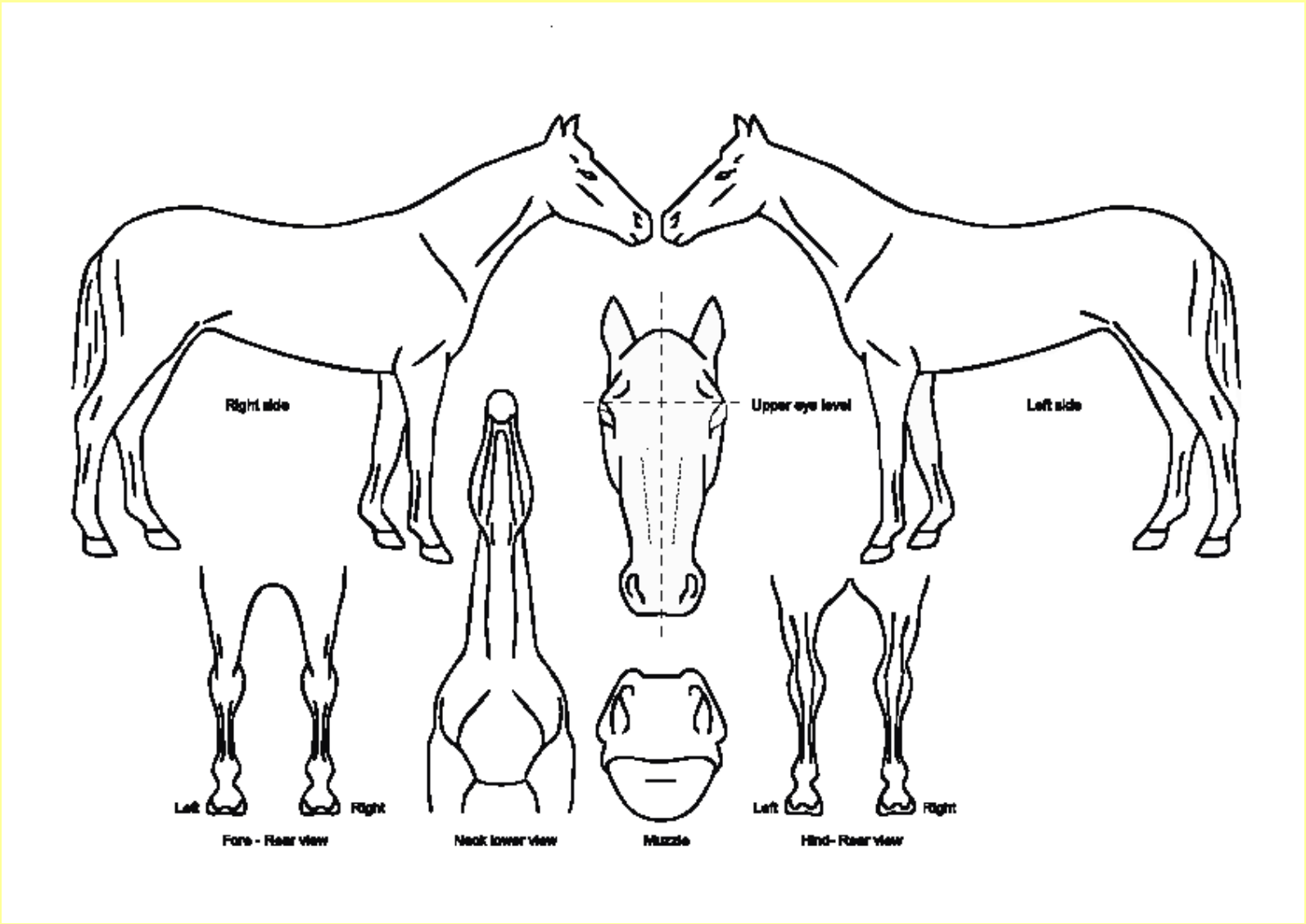


SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME
HEIGHT					



WRITTEN DESCRIPTION OF MARKINGS: _____

HEAD: _____

LEGS	A	LEFT FORE	
	B	RIGHT FORE	
	C	LEFT HIND	
	D	RIGHT HIND	

BODY

MARKINGS IF ANY SUBSEQUENTLY ACQUIRED _____

NAME OF VETENARIAN _____ PRACTICE STAMP

SIGNATURE OF VETENARIAN _____ DATE _____ PASSPORT NO. _____