



PARENTAGE VERIFICATION FORM
TO BE FILLED OUT AND SIGNED BY VETERINARIAN

HORSE NAME:

Dam Name:

Sire Name:

OWNER:

DATE OF BIRTH:

NAME AND CONTACT OF VETERINARIAN:

Please check all that applies - includes location and date:

I have inseminated above dam with semen from above sire. Location: _____ Date: _____

I have delivered above horse from above dam. Location: _____ Date: _____

I have examined or treated above horse at the side of above dam within 2 weeks of above date of birth:
Location: _____ Date: _____

Please include official documentation supporting all checked items.

I certify that the information above is correct to the best of my knowledge.

Date :

Veterinarian Signature and stamp (when possible) :