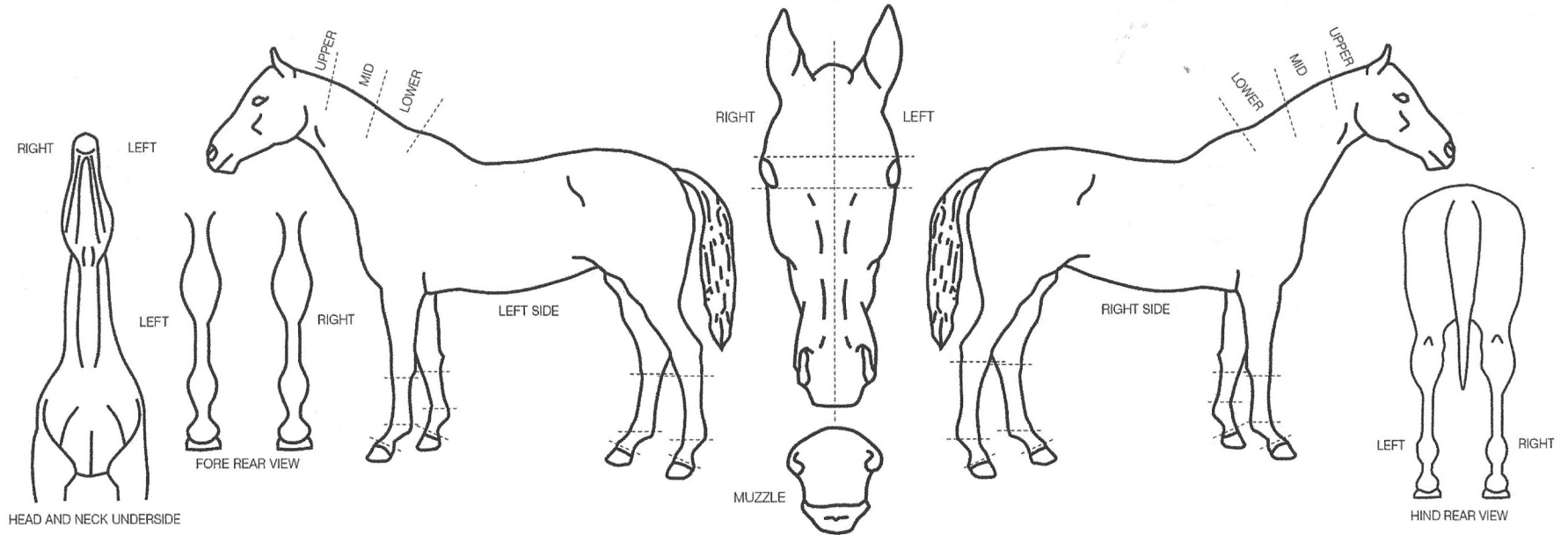


IDSHS (AUST) Inc. Identification Certificate

NAME OF ANIMAL: _____

WHORLS MUST BE SHOWN THUS - "X" AND DESCRIBED BELOW IN DETAIL



Identification Certificate N.B. Examination of all foals must be made by a Veterinary Surgeon before the foal is 6 months old.

PLEASE ENSURE THAT DIAGRAM AND WRITTEN DESCRIPTIONS AGREE ALSO TYPE OR USE BLOCK CAPITALS

WHITE MARKINGS TO BE SHOWN IN RED

COLOUR	HEIGHT	SEX	*DATE OF BIRTH	*SIRE	*DAM																		
<table border="0"> <tr> <td>HEAD</td> <td colspan="5"></td> </tr> <tr> <td>LIMBS</td> <td>LF</td> <td>RF</td> <td>LH</td> <td>RH</td> <td></td> </tr> <tr> <td>BODY</td> <td colspan="5">ACQUIRED</td> </tr> </table>						HEAD						LIMBS	LF	RF	LH	RH		BODY	ACQUIRED				
HEAD																							
LIMBS	LF	RF	LH	RH																			
BODY	ACQUIRED																						

Date of Examination

Signature of Veterinary Surgeon

(Not to be the breeder owner, or trainer of the horse for which the certificate is issued)

Owner's Name

NAME AND ADDRESS

(in block capitals)

Address

* These 3 items are based on information supplied by the Owner or their Agent.