



AUSTRALIAN LIPIZZANER REGISTRY

ABN12697256168

DECEASED HORSE NOTIFICATION

NAME OF DECEASED HORSE: _____

REGISTRATION NO: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

REASON FOR DEATH (if known): _____

OWNER'S NAME: (MR/MRS/MS/MISS) _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NO: _____ (HOME) _____ (DAYTIME)

For the purposes of research the ALR would appreciate answers to the following questions.

Did the horse have any known cancers, either internal or external? YES/NO

If yes, please describe the location and type of cancers. _____

Did the horse have any reproductive troubles? If yes, please elaborate. _____

Did the horse have any dental deformities? If yes, please elaborate. _____

If there is any other information about this horse that may be of interest for research purposes, please elaborate.

