



**LIPIZZANER ASSOCIATION OF AUSTRALASIA
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 LAA 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.

Please return this form to LAA Secretary, 36 Nolans Road, STOKERS SIDING 2484