

AUSTRALIAN LIPIZZANER IDENTIFICATION

NAME (if any)	Prefix	Date of Birth	Day	Month	Year
DAM	Prefix	Colour			
SIRE	Prefix	Sex			
HEAD AND NECK					
LEFT FORE					
RIGHT FORE					
LEFT HIND					
RIGHT HIND					
BODY					
BRANDS & OTHER ACQUIRED MARKINGS					

I certify to the correctness of the description on this certificate, taken for the purposes of identification and parentage validation.

Signature _____

Date:...../...../.....

Name of Veterinary Surgeon (Block letters)

Place of examination:

OFFICIAL IDENTIFICATION CERTIFICATE

