



The Canadian Thoroughbred Horse Society

National Office

OUT OF PROVINCE MARES FOALING CERTIFICATE

Mare Information: Name: _____

Colour: _____ YOB: _____ Tattoo # _____

Foaling Date: _____ Foal's Sex: _____ Foal's Colour: _____

Owner: _____ Owner's Contact: (_____) _____

Veterinarian to Complete:

I, _____ D.V.M., am reasonably satisfied that the mare named in the Mare Information section above was identified by confirmation of her markings, using registration papers provided to me by the farm manager/farm owner, foaled on the date indicated at:

_____, _____
(Name of farm/ clinic) (Province)

Dated this _____, day of _____, 20_____

Signature: _____ D.V.M. (Veterinarian)

Name (please print) _____ Phone: (_____) _____

Practice Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Farm Manager/ Farm Owner to Complete:

I, _____ confirm that the mare named in the Mare Information section above foaled on the date indicated at:

_____, _____
(Name of farm/clinic) (Province)

Dated this _____, day of _____, 20_____

Signature: _____ (Farm Manager/ Farm Owner)

Name (please print) _____ Phone: (_____) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Send completed form to: Canadian Thoroughbred Horse Society, National Office

Mail: CTHS National, P.O. Box 172, Rexdale, ON, M9W 5L1 **Fax:** (416) 675-9405 **Email:** info@cthsnational.com

03/17/2020