

OWNER INSPECTION

NB!! Please fill in a separate form for each horse

The undersigned Applicant hereby certifies that the declarations made, and answers given are the truth without reservation.

REGISTERED NAME OF HORSE:

REGISTRATION NUMBER :

URAQT FRIAR TUCK

0013300280 (Reun)

HEREDITARY DEFECTS:

1. **BITE** - when viewed from the side, the meeting point of the centre incisor teeth should be equal and even. A slight deviation no more than the width of one tooth's surface is permissible without fault in mares and half a tooth in stallions.

GENDER: Male / Female

NO ☒ if equal PHOTO

YES () if any variation

2. **TESTICLES** (only in stallions) - Monorchodism & cryptorchidism (one or no testicles)

Both testicles visible / can be felt

YES ()

NO/A

NO ()

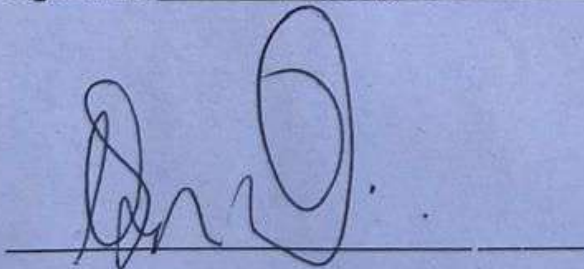
HEIGHT: measured at 88 cm ^{+ PHOTO} cm on **DATE:** 31/08/2026

DATE OF BIRTH: 22/08/2018 **AGE OF HORSE @ INSPECTION:** 8

(Reminder – Horses may only be inspected from 3 years of age)

DECLARATION: I hereby declare that I am the owner of the horse named in this report and, that to the best of my knowledge, the information I have provided on this form is true and correct.

Signed at Ruimsig, Johannesburg this 31 day of August 2026



Signature

Hayley A Blane

Full name and surname

UR A QT

0685241SMH

PREFIX OF STUD

MEMBER NR