



## CERTIFICATION OF APPROXIMATE AGE OF HORSE

The veterinarian examining the horse should complete this form.

The exam should include, but is not limited to, a complete dental exam. Please return to the American Saddlebred Registry.

Name of Horse: \_\_\_\_\_

Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Approximate current age based on exam: \_\_\_\_\_ years / \_\_\_\_\_ months

Explain basis for estimate: \_\_\_\_\_

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Date of examination: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_ License #: \_\_\_\_\_

Signature of Veterinarian: \_\_\_\_\_

Veterinarian's phone number: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_

Name of Trainer: \_\_\_\_\_

Signature of Trainer: \_\_\_\_\_