

Owner Name:

Owner Address:

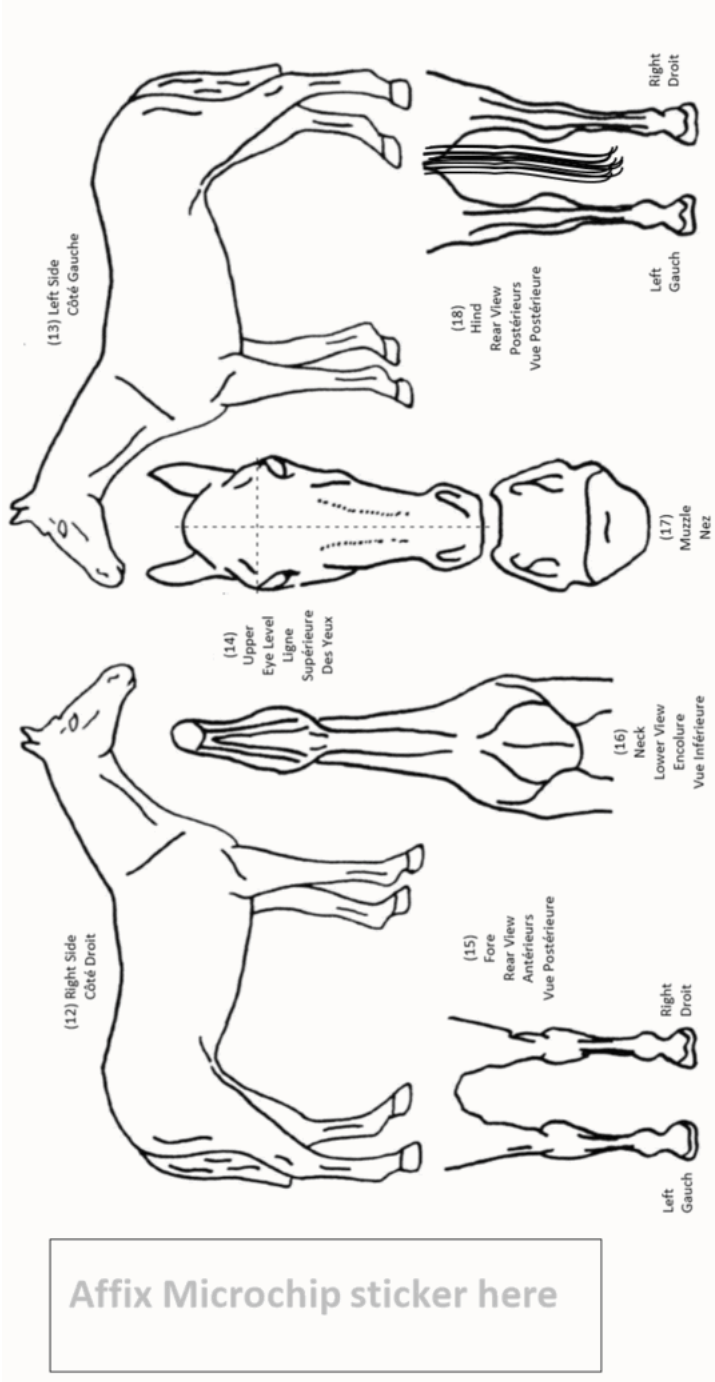
Dear Breeder / Owner / Agent/ Veterinary Surgeon,

Please ensure the following has been completed before the markings are returned to the CPBS office and the sample sent to Weatherbys Scientific. Failure to do so will result in delaying the passport process.

1. Please ensure that the veterinary surgeon has clearly completed the following:
 - Colour
 - Written description
 - Sketching
 - Sex
2. Under no circumstance should this kit be altered, changed or used for another animal as **each kit is unique to the application.**
3. The **correct microchip barcode sticker** must be affixed to the sampling bag and marking chart where indicated.
4. Please ensure that the **veterinary surgeon has signed, stamped and dated the marking sheet.**
5. Where more than one pony is being sampled: Please ensure that the correct kit is used for each and that the contents are not mixed up.

Failure to comply with any of the above may lead to repeat test requests, incorrect/negative results which will incur additional costs.

Location of Microchip must be indicated with 'M' on diagram



Date of Birth:	Colour:	Sex:
Certifying Signature & Stamp Of Qualified Veterinary Surgeon Only (Not To Be The Owner Or Trainer) Signature Et Cachet Du Vétérinaire Agreee: Vet Ref No.: _____ Place & Date (Lieu Et Date): _____		

3(b) Head/ Tête	
3(c) Neck/ Encolure	
3(d) Foreleg L/ Ant. G	
3(e) Foreleg R/ Ant. D	
3(f) Hindleg L/ Post G	
3(g) Hindleg R/ Post D	
3(h) Body/ Corps	
3(i) Markings/ Marques	