



Racing Victoria Limited ACN 096 917 930

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## **VETERINARY REPORT** & **DECLARATION**

I wish to nominate the featured foal for Super VOBIS and I certify that I have been authorised to do so by the beneficial owner(s) thereof. I acknowledge that these nominations must be at least 50% owned by a Victorian based breeder at the time of the foal's birth and that the foal and dam each resided in Victoria for 6 (six) continuous months between the date the foal was born and until the closing date of Super VOBIS. A consultation fee may be incurred by your vet to complete this form.

1 NOMINATOR		
Nominator:		
Suburb:	State:	
Nominator Signature		Date / /
I declare the following information to be correct and non-misleading. The noted foal and/or dam below has been physically inspected at the Victorian residence stated 3. Horse) below at the time of inspection.		
2 VETERINARIAN (TO BE COMPLETED BY THE VET)		
First Name:	Surnam	e:
Company:		
Suburb:	State:	
Postcode:	Contact	No:
3 HORSE (TO BE COMPLETED BY THE VET)		
Horse Name:	Brandin	g:
Foal Year:	Foal Sex	:
Sire:	Dam:	
Residing Address:		
Date of inspection:		
4 VETERINARY SIGNATURE DECLARATION		
Veterinary Signature		Date / /
Or Stamp		
Additional Comments		