

Date: _____

5th Floor, Newton Tower, Sir William Newton Street, Port Louis, Mauritius Telephone No. (230) 260 2000 Email: info@hrd.intnet.mu

NOTIFICATION OF CASTRATION

Dear Sir / Ma	dam,				
NAME OF HORSE		SUFFIX	PASSPORT NUMBER	REASON FOR CASTRATION	DATE CASTRATED
		_	se (s) has (have) been castra OORSE THE PASSPORT (S)		
NAME OF TI	RAINER:				
SIGNATURE	OF TRAINE	R:			