



Mezzanine Floor, Happy World House,  
Sir William Newton Street,  
Port Louis, Mauritius  
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## NOTIFICATION OF CASTRATION

Date: \_\_\_\_\_

Dear Sir / Madam,

| NAME OF HORSE | SUFFIX | PASSPORT NUMBER | REASON FOR CASTRATION | DATE CASTRATED |
|---------------|--------|-----------------|-----------------------|----------------|
|               |        |                 |                       |                |
|               |        |                 |                       |                |
|               |        |                 |                       |                |
|               |        |                 |                       |                |
|               |        |                 |                       |                |
|               |        |                 |                       |                |
|               |        |                 |                       |                |

I advise that the following horse (s) has (have) been castrated.

**N.B. VETERINARY SURGEON TO ENDORSE THE PASSPORT (S) AND INSERT THE DATE.**

NAME OF TRAINER: \_\_\_\_\_

SIGNATURE OF TRAINER: \_\_\_\_\_