



**OUT OF PROVINCE MARES FOALING CERTIFICATE**

I, \_\_\_\_\_ D.V.M., am reasonably satisfied that the mare known as \_\_\_\_\_  
\_\_\_\_\_ Tattoo Number: \_\_\_\_\_ foaled on M/ \_\_\_ D/ \_\_\_ Y/ \_\_\_\_\_ at  
\_\_\_\_\_, in Manitoba.  
(Name of Farm)

The above noted mare \_\_\_\_\_ was identified by confirmation of her markings on the farm prior to or after foaling, using registration papers provided to me by the farm manager/farm owner. Copies of pertinent forms are attached.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature \_\_\_\_\_ D.V.M. (Veterinarian)

Name (please print) \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_, MB. Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ confirm that the mare known as \_\_\_\_\_  
\_\_\_\_\_ Tattoo Number: \_\_\_\_\_ foaled on M/ \_\_\_ D/ \_\_\_ Y/ \_\_\_\_\_ at  
\_\_\_\_\_, in Manitoba.  
(Name of Farm)

Signature \_\_\_\_\_ (Farm Manager/Farm Owner)

Name (please print) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_, MB. Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Send completed form to:

Canadian Thoroughbred Horse Society- Manitoba Division  
Box 46152 Westdale P.O.  
Winnipeg, Manitoba R3R 3S3