



Office Use Only

# Brand Inspection (Form I)

Horse \_\_\_\_\_

Reg. #. \_\_\_\_\_

Received \_\_\_\_\_

## Owner

Please complete this section

Current Owner \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Person purchased from \_\_\_\_\_ Date purchased \_\_\_\_\_

## Equine Professional

Please complete this section

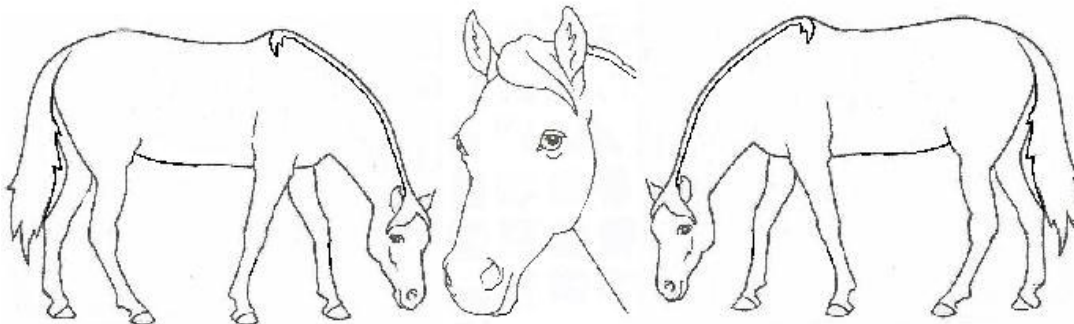
I (Print name) \_\_\_\_\_ a licensed (circle one) Veterinarian / Brand Inspector, do witness that the

(Color) \_\_\_\_\_, (Gender) \_\_\_\_\_ being shown to me belongs to

(Owner) \_\_\_\_\_ of (City, State) \_\_\_\_\_, and is bearing only the brand

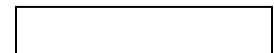
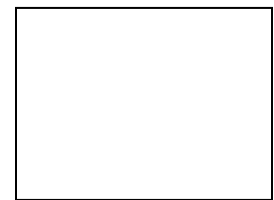
and/or tattoo drawn below, which to the best of my knowledge is not reported as missing or stolen in my area.

Please shade in, and identify placement of all white markings, brands, and scars.



Draw Brand here

If no brands print "No Brands" in box



Draw Lip/Ear Tattoo here

Authentication of licensing will be verified!

Please Submit to the  
National Quarter Horse Registry  
P.O. Box 716  
New Harmony, Utah 84757-0716

[www.nqhr.org](http://www.nqhr.org)