



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

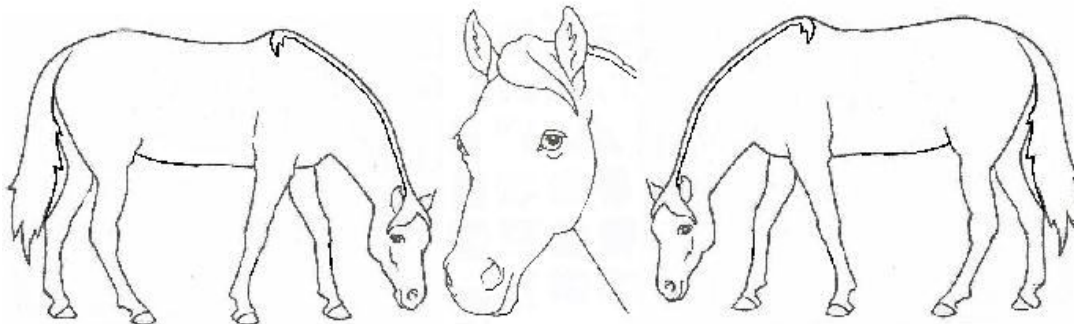
I (Print name) \_\_\_\_\_ a licensed (circle one) Veterinarian / Brand Inspector, do witness that the

(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  
Address listed at: [www.nqhr.org](http://www.nqhr.org)