



**LIPIZZANER ASSOCIATION OF AUSTRALASIA**  
**DECEASED HORSE NOTIFICATION**

NAME OF DECEASED HORSE: \_\_\_\_\_

REGISTRATION NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

REASON FOR DEATH (if known): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OWNER'S NAME: (MR/MRS/MS/MISS) \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ (HOME) \_\_\_\_\_  
(DAYTIME)

***For the purposes of research the LAA would appreciate answers to the following questions.***

Did the horse have any known cancers, either internal or external? YES/NO

If yes, please describe the location and type of cancers. \_\_\_\_\_

Did the horse have any reproductive troubles? If yes, please elaborate.

\_\_\_\_\_

Did the horse have any dental deformities? If yes, please elaborate.

\_\_\_\_\_

If there is any other information about this horse that may be of interest for research purposes, please elaborate.

\_\_\_\_\_

Please return this form to LAA Secretary, 26 Swamp Hen Road, LAGUNA NSW 2325