INDIGENOUS HORSE SOCIETY OF INDIA
EVALUATION FORM

EVENT_____VENUE_____DATE_____

NAME OF HORSE_____AGE_____STALLION / MARE / COLT / FILLY

REGISTRATION NUMBER OF HORSE_____

NAME OF OWNER_____

CLASS OF JUDGING_____

CLASSIFICATION_____MARKS AWARDED_____REMARKS IF ANY_____

S.NO.	EAR	HEAD	NECK	SHOULDER	CHEST	BACK	QUARTERS	LIMBS	FEET/HOOF	GEN.CONDITION	TOTAL

Marks are out of 10 in each classification. Total 100 marks.

Name and Signature of the Judge

Name & Sign of Organising Secretary