The New Zealand Arab Horse Breeders' Society (Inc.)

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Application for Registration

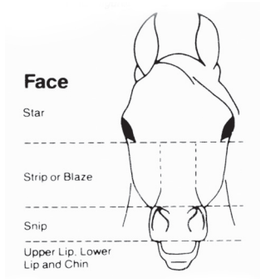
which includes service certificate & mare return

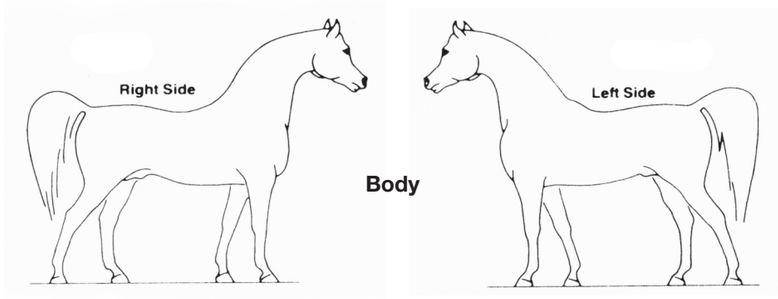
☐ **Purebred** ☐ **Derivative** ☐ **Anglo Arabian**

CHECK LIST - BEFORE YOU SUBMIT THIS APPLICATION, PLEASE CHECK THAT

- ☐ The application form is fully completed
- ☐ DNA samples must be included
- ☐ The registration fee is included
- ☐ The service certificate & mare return are completed

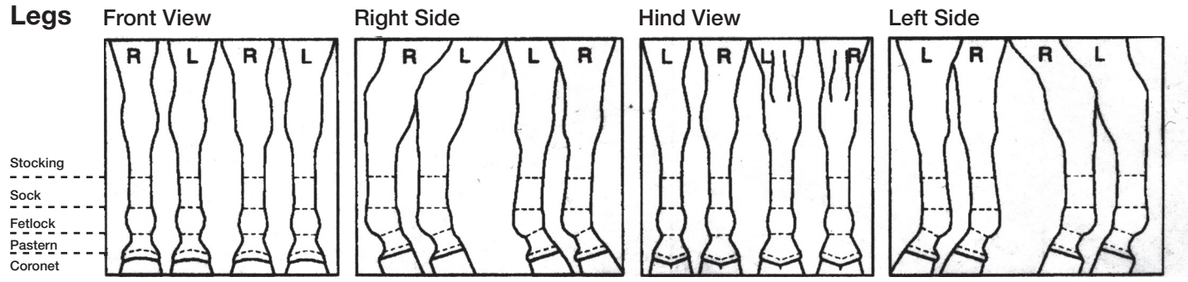
All boxes must be completed





Markings Instructions

• All white markings must be drawn • Hoof colour must be indicated • If the horse has no white markings tick the box for "No white markings" • For grey horses with white markings - if white marks have underlying pink skin, tick "yes" in the underlying pink skin box or if white marks do not have underlying pink skin (faint markings) tick "no" in the underlying pink skin box.



FACE	White Markings YES	White Markings NO	Underlying Pink Skin YES	Underlying Pink Skin NO
STAR	☐	☐	☐	☐
STRIP OR BLAZE	☐	☐	☐	☐
SNIP	☐	☐	☐	☐
UPPER LIP	☐	☐	☐	☐
LOWER LIP	☐	☐	☐	☐
CHIN	☐	☐	☐	☐

LEGS	White Markings YES	White Markings NO	Underlying Pink Skin YES	Underlying Pink Skin NO	Hoof Colour LIGHT	Hoof Colour DARK	Hoof Colour PARTI
OFF FORE LEG	☐	☐	☐	☐	☐	☐	☐
NEAR FORE LEG	☐	☐	☐	☐	☐	☐	☐
OFF HIND LEG	☐	☐	☐	☐	☐	☐	☐
NEAR HIND LEG	☐	☐	☐	☐	☐	☐	☐

No white markings ☐ (please tick this box if the horse has no white markings)

Microchip Number:

Brand (if any), body markings or tattoo

nsh	osh

TOP COPY TO MARE OWNER

Dam Owner's Certificate (Registration Application)

Name: (maximum 32 characters)

1st Choice																															
2nd Choice																															

Date Foaled / / COLOUR SEX ☐ Mare ☐ Stalion ☐ Gelding Date Castrated / /

Sire of Foal: Name | NZAHBS No. | Colour

Dam of Foal: Name | NZAHBS No. | Colour

I certify that the above pedigree and particulars are correct to the best of my knowledge and belief. I further agree that the foal will be subject to registration requirements as described in the rules and Regulations effective at the time of application.

Signature of recorded owner (or authorised agent) of dam at time of foaling: | Member No.

Telephone No. | Email | Date / /

Mare Return

I certify that the mare named | NZAHBS No.

Was bred to the stallion | NZAHBS No.

Signature of recorded owner (or authorised agent) of dam at time of breeding: | Member No.

Telephone No. | Email | Date / /

Service Certificate

I certify that the stallion named | NZAHBS No.

Was bred to the mare | NZAHBS No.

By: Natural (Hand) Service ⇨ Dates

Pasture Exposure ⇨ From To

Artificial Insemination (AI) Permit No. Dates

Embryo Transfer (ET) Permit No. Dates

During the year

Signature of recorded owner (or authorised agent) of stallion at time of breeding: | Member No.

Telephone No. | Email | Date / /

Payment Information

Payment Details ☐ **Cheque** ☐ **Credit Card** ☐ **Electronic payment - NZAHBS account number for direct credit is**
Account Name: NZ Arab Horse Breeders Society Inc
Account Number: 030355 0332418 00
Bank: Westpac

Do you require a receipt? Yes / No (circle one only)

Credit Card Details (If paying by credit card) - Cardholder's Name: Expiry Date: /

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Mastercard & Visa CCV No. ☐☐☐

Cardholders Signature:

This panel is for office use only

Accepted Name	
NZAHBS Reg No.	**DNA No.**

Date received / /	**Date banked** / /	**Amount**
Drawer	**Bank & Branch**	

Payment Details ☐ **Cheque** ☐ **Credit Card** ☐ **Electronic payment**