THE NEW ZEALAND ARABIAN HORSE SOCIETY (INC)

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DERIVATIVE & ANGLO-ARABIAN HORSE REGISTRATION & IDENTIFICATION FORM

Applications for Registration will be subject to registration requirements as outlined in the NZAHS Rules & Regulations effective at the time of application

Accepted Name:	Registered No:

DAM OWNER'S CERTIFICATE & PROPOSED NAME: (maximum 32 characters including Stud Prefix/Suffix & spaces)

1st Choice																														
2nd Choice																														

Date Castrated

Date Foaled	/ /	Colour		SEX:	Mare		Stallion		Gelding	/ /
Sire of Foal	Name		NZAHS No		Colour					
Dam of Foal	Name		NZAHS No		Colour					

I certify that I am the Registered Owner or Registered Lessee of the Dam at the time of foaling and that the above pedigree and particulars are true and correct to the best of my knowledge and belief. I further agree that the foal will be subject to the registration requirements as outlined in the NZAHS Rules & Regulations effective at the time of application.

Name of Breeder: _____ Member No: _____

Address of Breeder: _____

Signature of Breeder: _____ Date: ___/___/_____

STALLION SERVICE CERTIFICATE:

I certify that the Stallion		NZAHS No
Was bred to the Mare		NZAHS No
By	Natural (Hand) Service ☐ Pasture Exposure ☐ Artificial Insemination ☐ Embryo Transfer ☐	
On all the date(s) listed		

I certify that I am the Registered Owner or Registered Lessee of the Stallion at the time of service and that the particulars supplied are true and correct to the best of my knowledge and belief.

Name of Stallion Owner: _____ Member No: _____

Address of Stallion Owner: _____

Signature of Stallion Owner: _____ Date: ___/___/_____

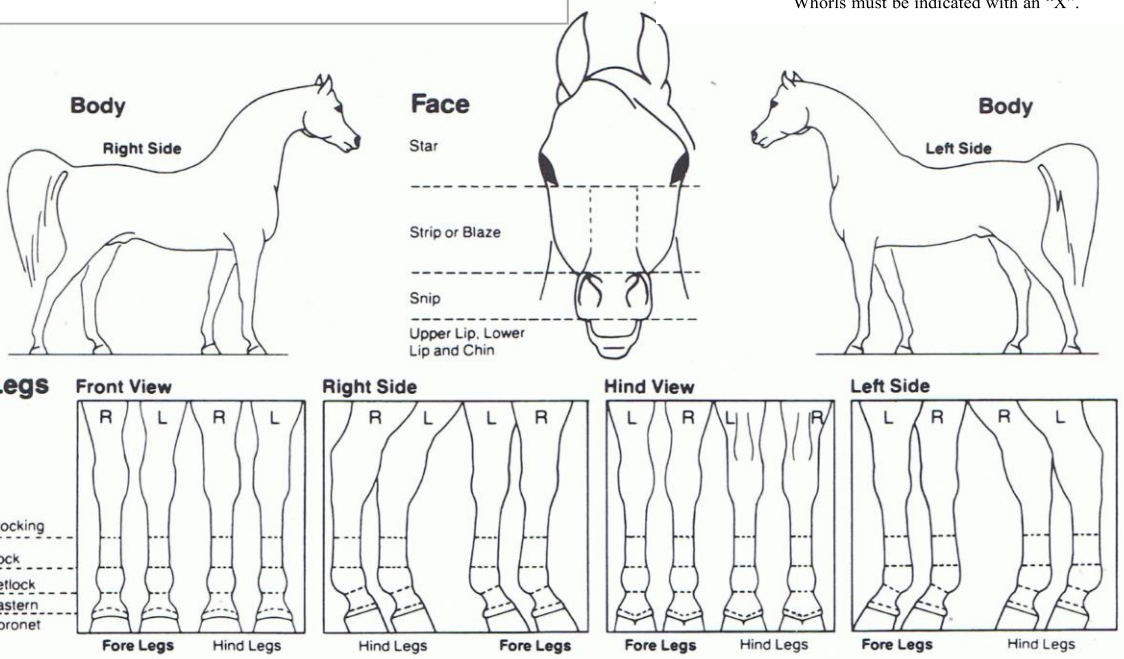
IDENTIFICATION FORM FOR DERIVATIVE & ANGLO-ARABIAN HORSES

IMPORTANT INFORMATION

1) The breeder or person registering a Derivative or Anglo-Arabian Horse must be a Full or Associate member of the NZAHS.
2) Derivative & Anglo-Arabian Horses DO NOT need to be Branded, Microchipped, DNA typed or their markings signed off by a qualified veterinarian for the purpose of registration.
3) Arabian Derivatives registered from 1 January 2012 shall contain not less than 12.5% Arabian blood. It is the responsibility of the breeder to provide proof of pedigree back to the Purebred Arabian blood line for non-registered NZAHS horses that contribute to the Arabian percentage. Such lines must be unbroken and all ponies/horses must be registered with a recognised Society for applications to be eligible. Proof of pedigree shall be in the form of copies of registration certificates or stud book entries for all ponies/horses back to the Purebred Arabian blood line.
4) Anglo-Arabian registrations must be accompanied by details of the Thoroughbred parent's registered name, DOB, name of Sire and Dam.
5) If the person submitting the application is not the breeder, a signed transfer form & transfer fee must accompany the application.

ATTACH MICROCHIP STICKER HERE

Draw outlines of true white markings (with underlying pink skin) on the diagrams below. Use red ink.
All acquired marks (scars, brands etc) must be shown & described.
Whorls must be indicated with an "X".



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
Right fore leg	☐	☐	☐	☐	☐	☐	☐
Left fore leg	☐	☐	☐	☐	☐	☐	☐
Right Hind leg	☐	☐	☐	☐	☐	☐	☐
Left Hind Leg	☐	☐	☐	☐	☐	☐	☐

Acquired Marks

TO BE COMPLETED BY THE BREEDER OF THE DERIVATIVE OR ANGLO-ARABIAN HORSE

I hereby certify that the details contained in this form are true and correct to the best of my knowledge and belief

Name of Breeder: _____

Address of Breeder: _____

Signature of Breeder: _____ Date: __/__/__

COMPLETED REGISTRATION & IDENTIFICATION FORM & PAYMENT TO BE FORWARDED TO THE NZAHS OFFICE

PAYMENT TO: 03 0355 0332418 00

(New Zealand Arabian Horse Society Inc, Westpac, Manurewa, Auckland)

Date Received: Payment of $ _____ Received ___/____/____ Invoice Number: Date Processed: