



THE NEW ZEALAND ARABIAN HORSE SOCIETY (INC)

PO BOX 40, CHEVIOT 7341, NORTH CANTERBURY • NEW ZEALAND

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WEBSITE: www.newzealandarabs.com



IMPORT CERTIFICATE APPLICATION

Import Certificate Fee \$172.50

COUNTRY OF IMPORT:

DATE OF IMPORT:

NAME:

SEX:

DATE OF BIRTH:

COLOUR:

CURRENT STUD BOOK REF:

CURRENT REGISTRATION NUMBER:

UELN (if issued):

MICROCHIP No:

BRAND:

DNA:

SIRE:

Date of Birth:

Colour:

Current Stud Book Reference:

Current Registration Number:

DAM:

Date of Birth:

Colour:

Current Stud Book Reference:

Current Registration Number:

NAME, ADDRESS AND COUNTRY OF BREEDER:

NAME, ADDRESS AND COUNTRY OF THE LAST RECORDED OWNER (IMPORT COUNTRY):

NAME, ADDRESS AND COUNTRY OF PURCHASER OR LEASEE (IN NEW ZEALAND):

Date of Ownership Transfer:

CERTIFIED BY:

(Stud Book Authority)

PAPERWORK CHECKLIST (FOR OFFICE USE ONLY):

Name of Registry:

New Zealand Arabian Horse Society Inc

WAHO Export Certificate

Sire of Foal/Pedigree & DNA

Print Name:

Rego Certificate or Passport

Import Form

Signature of Official:

Five Generation Pedigree

Import Fee

Date & Official Stamp:

DNA Profile Horse/Sire/Dam

Fresh DNA Sample

IDENTIFICATION FORM

TO BE COMPLETED BY A QUALIFIED VETERINARIAN

I hereby certify that the diagram and written particulars below accurately describe the horse I have examined

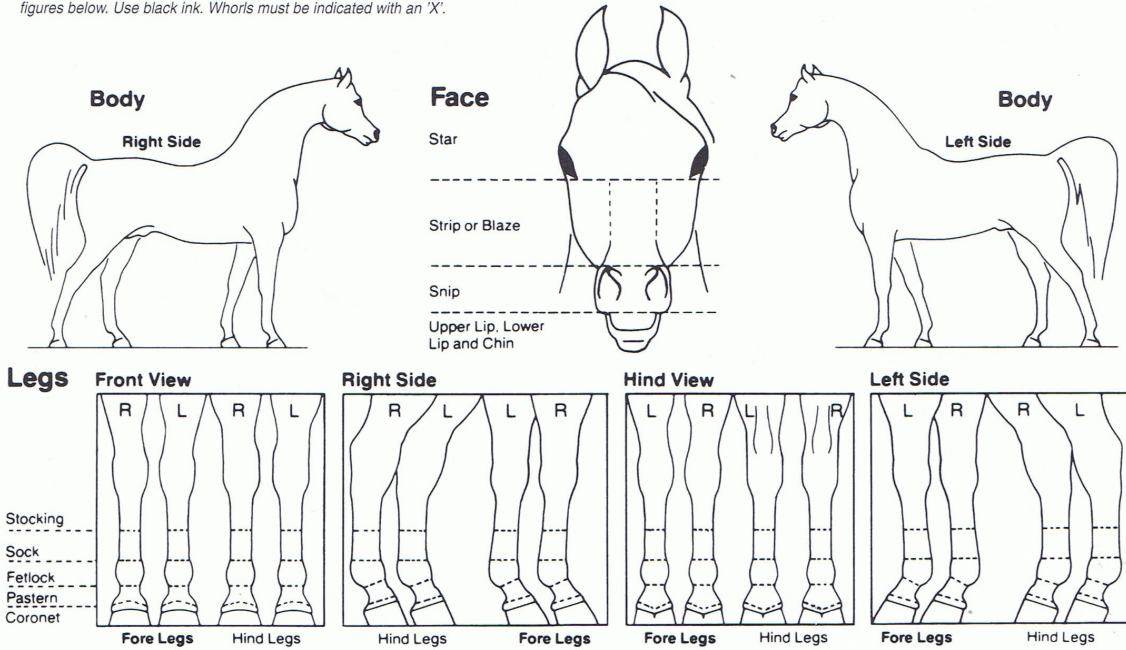
The horse's brands are: _____ Date of Examination: _____

Name of Veterinarian: _____ Signature of Veterinarian: _____

Address of Veterinarian: _____

A Certified copy of the horse's original markings form may also be attached

Draw outlines of true white markings (with underlying pink skin) on the figures below. Use black ink. Whorls must be indicated with an 'X'.



Face	White Markings		Underlying Pink Skin		Legs	White Markings		Underlying Pink Skin		Hoof Colour		
	Yes	No	Yes	No		Yes	No	Yes	No	Light	Dark	Parti
Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right fore leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strip or Blaze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left fore leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Hind leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Lip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Lip & Chin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Body Markings, Tattoo or Brand (if any)
Note location of Microchip if implanted

TO BE COMPLETED BY THE REGISTERED OWNER OF THE IMPORTED HORSE

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

Name of Owner: _____ Signature of Owner: _____

Address of Owner: _____ Date: _____

COMPLETED APPLICATION 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: _____