THE NEW ZEALAND ARABIAN HORSE SOCIETY (INC)

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

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PUREBRED 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:																							3	Stud	Book	(No:	:		
DAM OWNER	R'S (CERT	ΓIFI	CAT	ΓE	& PF	ROP	osi	ED.	NAN	ΛE:	(max	mur	n 32	? cha	arac	cter	s in	clud	ing :	Stu	d Pr	efix	/Sui	fix 8	& sp	oaces	;)	
1 st Choice																													
2 nd Choice																													
Date Foaled	,	/ / Colour SEX: Mare Stallion Geldin										ng	Date Castrated																
Sire of Foal	Name NZAHS No												Colour																
Dam of Foal	Name NZAHS No												Colour																
I certify that I a particulars are requirements as	true	and c	orre	ct to	o th	e be	st of	my l	kno	wled	ge a	nd be	elief	l f	urthe	er a	agre	ee ti	hat i	the i									
Name of Breeder	:																									Ме	ember	No:	
Address of Breed	er:																												
Signature of Bree	der:		_	_	_				_		_		_	_		_	_	_	_	_	_	_	_			Da	te:	_/_	_/
STALLION SI	ERV	ICE	CEF	RTIF	FIC	ATE	:																						
I certify that the Stallion															NZAHS No														
Was bred to the Mare														NZAHS No															
Ву			Na	atura	ıl (Ha	and) :	Servio	e [P	astur	е Ехр	osur	e		,	Artif	icial	Inse	min	atio	n			En	nbry	yo Tra	ansfe	r 🗖
On all the date	(s) lis	sted																											
I certify that I a are true and co												of th	ne S	tall	ion a	at ti	he i	time	of	sen	/ice	an	d th	at t	he p	part	ticula	irs s	upplied
Name of Stallion	Own	er:																								Ме	ember	No:	
Address of Stallio	n Ov	ner:																											
Signature of Stall	ion C	wner:																								Da	te:	_/_	_/

IDENTIFICATION FORM FOR PUREBRED ARABIAN HORSES

TO BE COMPLETED BY A QUALIFIED VETERINARIAN I hereby certify that the diagram and written particulars below accurately describe the horse I have examined Name of Veterinarian: Address of Veterinarian: Signature of Veterinarian: Date: _/_/_

ATTACH MICROCHIP STI	CKER 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".								
Body Right Side	Face Star Strip or Blaze Snip Upper Lip, Lower Lip and Chin	Body Left Side								
Legs Front View	Right Side Hin	nd View Left Side								
Stocking Sock Fettock Pastern Coronet Fore Legs Hind Legs	R L L R	Fore Legs Hind Legs Fore Legs Hind Legs								
Face White Und Markings Pink Yes No Yes	Skin	White Underlying Hoof Markings Pink Skin Colour Yes No Yes No Light Dark Parti								
Star	Right fore leg									
Strip or Blaze	Left fore leg									
Snip	Right Hind leg									
	Left Hind Leg									
Upper Lip										
Lower Lip & Chin	Acquired Marks									

PUREBRED ARABIAN FOAL BREEDER DECLARATION

I hereby declare that I have read the NZAHS Rules & Regulations and confirm that this Arabian foal, which I have bred, is eligible for registration and has not been produced, conceived or subjected to any methods prohibited by the World Arabian Horse Organization (WAHO) or NZAHS, including but not limited to: cloning, any method of external fertilization, any form of genetic modification at the embryo stage or later. I am aware that if at any time after registration of this Arabian foal, any facts arise that put this Declaration in doubt, the registration of this foal and any future registered progeny, will be cancelled in all applicable WAHO approved stud books, registers and databases AND any associated resulting damages, legal fees and/or other related costs will be my responsibility to bear.

Name of Breeder:	
Address of Breeder:	
Signature of Breeder:	Date://_

COMPLETED REGISTRATION & IDENTIFICATION FORM, DNA SAMPLE & PAYMENT TO BE SENT 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: