



# IDENTIFICATION FORM FOR PUREBRED ARABIAN HORSES

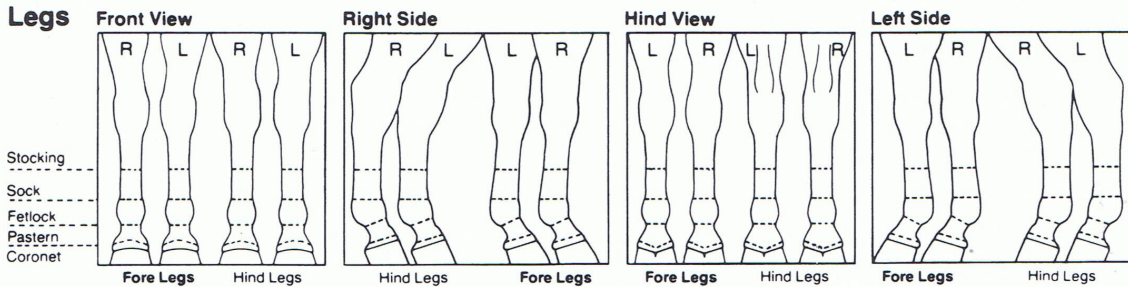
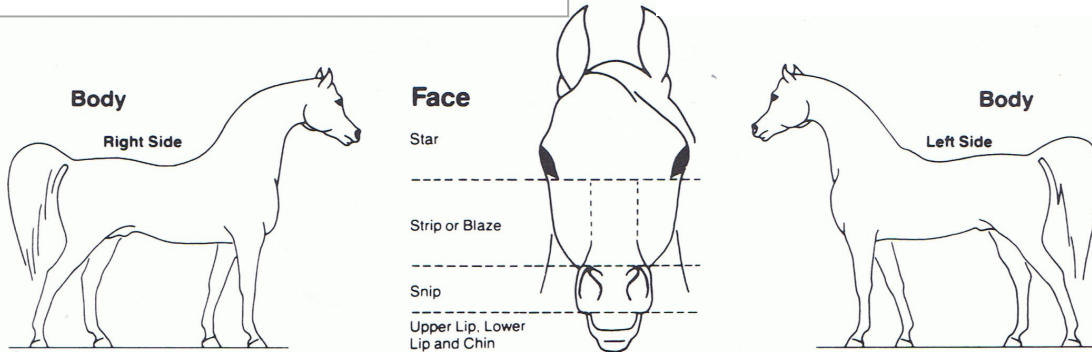
## TO BE COMPLETED BY A QUALIFIED VETERINARIAN

*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 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".



	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"/>	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: \_\_\_\_\_