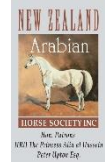




# THE NEW ZEALAND ARABIAN HORSE SOCIETY (INC)



PO BOX 486, WAIUKU 2314, AUCKLAND, NEW ZEALAND  
PHONE: 64 27 695 9001 □ EMAIL: arabnewzealand@xtra.co.nz □ WEBSITE: www.newzealandarabs.com

## 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:	Stud Book No:
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DAM OWNER'S CERTIFICATE & PROPOSED NAME: (maximum 32 characters including Stud Prefix/Suffix & spaces)

1 <sup>st</sup> Choice	
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2 <sup>nd</sup> Choice	
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Date Foaled	/ /	Colour		SEX:		Mare		Stallion		Gelding	Date Castrated
											/ /

Sire of Foal	Name	NZAHS No	Colour
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Dam of Foal	Name	NZAHS No	Colour
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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 <input type="checkbox"/> Pasture Exposure <input type="checkbox"/> Artificial Insemination <input type="checkbox"/> Embryo Transfer <input type="checkbox"/>	
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 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

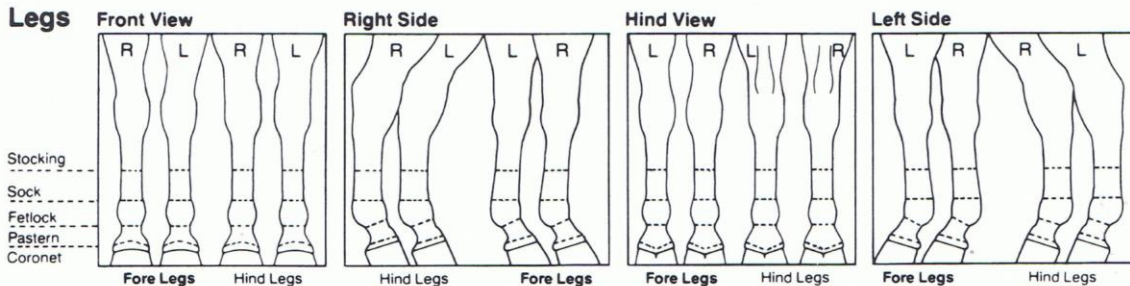
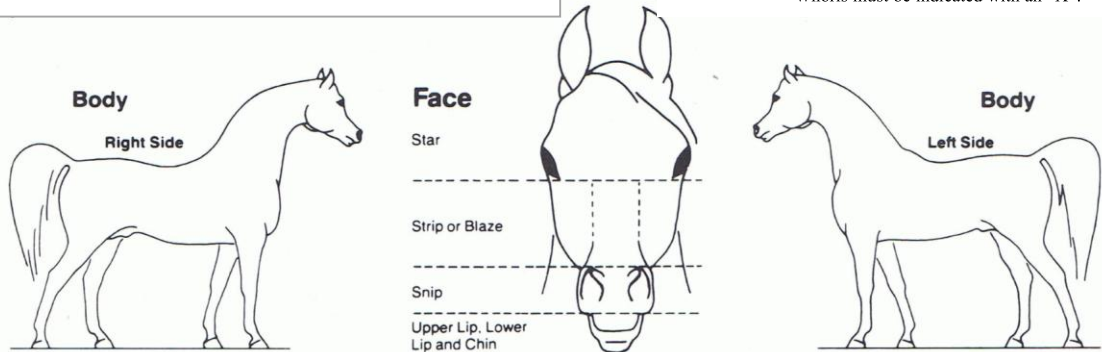
Name of Veterinarian: \_\_\_\_\_

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".



	Face		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							

### TO BE COMPLETED BY THE BREEDER OF THE PUREBRED 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 & DNA SAMPLE TO BE SENT THE NZAHS OFFICE

<input type="checkbox"/> Bank Deposit to: 03 0355 0332418 00 (NZAHS, Westpac, Manurewa, Auckland)	Payment Received:
<input type="checkbox"/> Credit Card: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Bankcard <input type="checkbox"/> Card Expiry: __/__/__	Date Processed/Invoice No:
**Will incur additional 8% for bank fee** Card No: _____/_____/_____/_____ Name on Card: _____ Signature: _____	