



REGISTRATION APPLICATION

Name (if registered with another Society only provide that name, otherwise 3 choices required):

Date of Birth _____ Colour _____ DNA number (if applicable) _____

Sex _____ (geldings must be gelded & stallions must have a vet certificate or copy of a breed society registration which has that requirement – see Rules & Regulations)

Height (mature) _____ Description of scars _____

Colour of eyes (dark/blue/parti-coloured) Nearside eye _____ Offside eye _____

All horses/ponies must be either branded or microchipped with the exception of Quarter Horses registered AQHA which must be DNA typed

Microchip (if applicable) _____

Brands (if applicable) & Position of brands – please draw brand & describe position

Photos are required for registration showing colour & markings. These can be on normal paper. Please contact the Registrar if you are unable to obtain these.

Please hold the horse & supply photos of

- face front-on + lip/chin area and
- side on view of the horse clearly showing all legs & hooves from each side, front & rear (with hooves not hidden in grass.)
- front legs front on fetlock-top of forearm
- brand section if branded

Breeder name _____

Breeder address _____ Post Code _____

Owner name _____

Owner address _____ Post Code _____

Owner email _____ Owner phone (_____) _____

Signature of Owner _____ Date _____

Please complete page 2 for pedigree details

Breeding/pedigree will only be acknowledged if accompanied by a copy of a registration certificate from a breed society or a service certificate.

SIRE:	_____	_____
Colour.....	_____	_____
Breed.....	_____	_____
DAM:	_____	_____
Colour.....	_____	_____
Breed.....	_____	_____

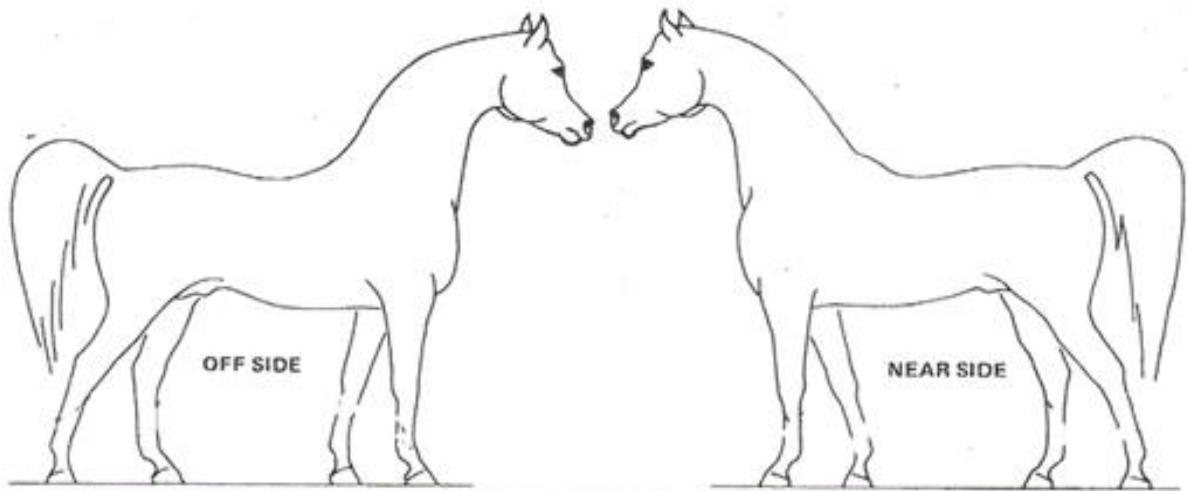
REGISTRATION REQUIREMENTS (see Rules & Regulations)

- All colts must be **Foal Recorded**, then adult registered between 2 & 4 years of age or before being used at stud with a Veterinary Certificate confirming 2 descended testicles or copy of suitable adult registration from a breed society with that requirement
- **Fillies & geldings are adult registered from birth unless** they have a grey, appaloosa/Palouse or unknown parent in which case they must be foal recorded, then adult registered between 2 & 4 years of age
- Applicants must be members of the Society

REGISTRATION FEES

- Foal recording \$20.00 (will be deducted from Adult registration fee when upgraded)
- Stallion registration \$80.00
- Mare/Filly registration \$40.00
- Gelding registration \$30.00
- Stud Prefix/brand (optional) \$10.00
- Reciprocal registration \$5.00 (applies to horses registered with another dilute Society prior to 31/12/13)

PLEASE MAKE CHEQUES PAYABLE TO Australian Palomino Horse & Pony Association Inc & POSTED TO P.O. Box 3087, Freemans Reach 2756 **OR Direct
Deposit using name as reference
BSB 012-822 Account 191326731 & email to woranora@hotmail.com**



BODY MARKINGS

DESCRIPTION:

Face

STAR

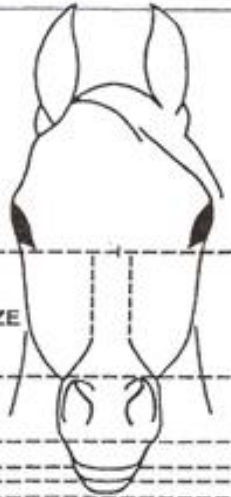
STRIP OR BLAZE

SNIP

UPPER LIP

LOWER LIP

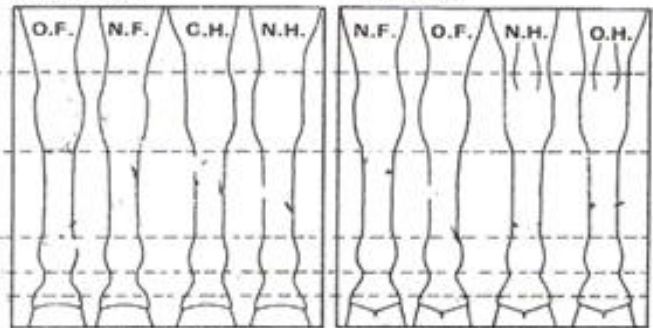
CHIN



Legs

Front View

Hind View



Fore Legs

Hind Legs

Fore Legs

Hind Legs

Tick all appropriate boxes.

On grey horses, pink skin boxes *must* be completed or processing will be delayed.

Face	White Markings		Underlying Pink Skin	
	YES	NO	YES	NO
STAR	<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"/>
SNIP	<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"/>
LOWER LIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legs

Legs	White Markings		Underlying Pink Skin		Hoof Colour		
	YES	NO	YES	NO	LIGHT	DARK	PARTI
OFF FORE LEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEAR FORE LEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFF HIND LEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEAR HIND LEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	DARK		BLUE		PARTI		
NEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AH4