

Holsteiner Horse Association of Australia and New Zealand Ltd.

**2007 APPLICATION FOR REGISTRATION OF THE HOLSTEINER HORSE**

For the registration of **Adult holsteiner horses - Geldings, Colts and Mares** including **Foundation Mares** (Thoroughbreds, Warmbloods and Anglo Arabs with traceable pedigrees)

Number \_\_\_\_\_ Membership Number : \_\_\_\_\_ Or, I have just applied for membership & not obtained my number yet, if so tick.

(office use only)

Owners Name \_\_\_\_\_ Stud Prefix (if applicable) \_\_\_\_\_

Name of Horse \_\_\_\_\_ Circle **Mare / Gelding / Colt**

Colour \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Service Certificate Number \_\_\_\_\_

**PEDIGREE** (please include any registration numbers)

**SIRES SIRES SIRE** \_\_\_\_\_  
Breed \_\_\_\_\_

**SIRES SIRE** \_\_\_\_\_  
Breed \_\_\_\_\_

**SIRES SIRES DAM** \_\_\_\_\_  
Breed \_\_\_\_\_

**SIRE** \_\_\_\_\_  
Breed \_\_\_\_\_

**SIRES DAMS SIRE** \_\_\_\_\_  
Breed \_\_\_\_\_

**SIRES DAM** \_\_\_\_\_  
Breed \_\_\_\_\_

**SIRES DAMS DAM** \_\_\_\_\_  
Breed \_\_\_\_\_

**DAMS SIRES SIRE** \_\_\_\_\_  
Breed \_\_\_\_\_

**DAMS SIRE** \_\_\_\_\_  
Breed \_\_\_\_\_

**DAMS SIRES DAM** \_\_\_\_\_  
Breed \_\_\_\_\_

**DAM** \_\_\_\_\_  
Breed \_\_\_\_\_

**DAMS DAMS SIRE** \_\_\_\_\_  
Breed \_\_\_\_\_

**DAMS DAM** \_\_\_\_\_  
Breed \_\_\_\_\_

**DAMS DAMS DAM** \_\_\_\_\_  
Breed \_\_\_\_\_

**BRANDS**

OFF SIDE \_\_\_\_\_ NEAR SIDE \_\_\_\_\_  
(numerical brand) (stud brand)

**And /or MICROCHIP NUMBER** \_\_\_\_\_

(If microchipped please include the identification form supplied by the vet for verification for the microchip number)

**MARKINGS** (Please write in below all white markings i.e. sock, stocking, blaze, star etc, or NIL if no markings)

NEAR FRONT \_\_\_\_\_

OFF FRONT \_\_\_\_\_

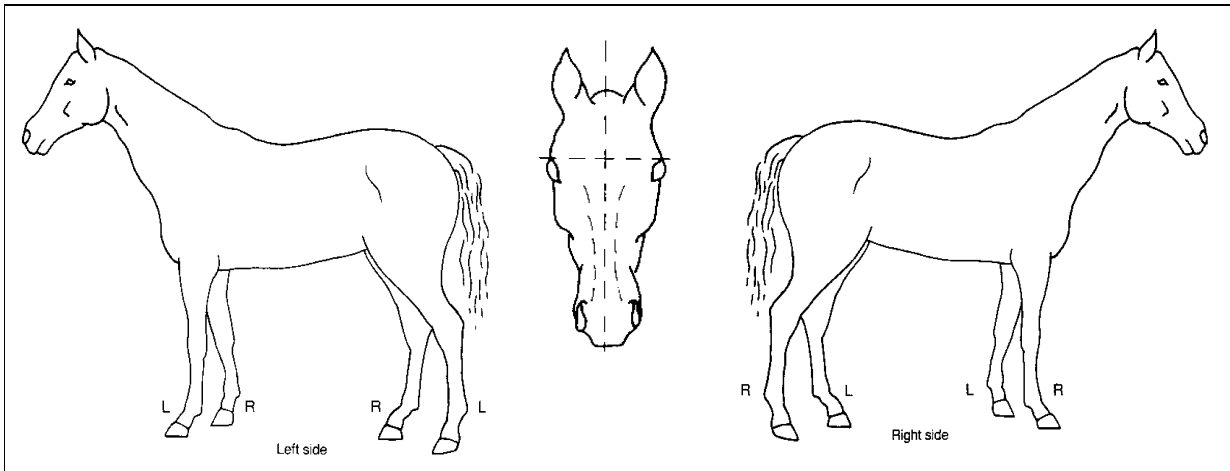
NEAR HIND \_\_\_\_\_

OFF HIND \_\_\_\_\_

FACE \_\_\_\_\_

**HORSE IDENTIFICATION :** — Please fill in below diagram marked with:-

All white **markings in RED** pen i.e. socks, stockings, blaze, star etc  
All **whorls marked in BLUE** as X (please provide at least 4)  
**Scars** to be marked as →  
Also please include **all BRANDS** on the diagram



**BREEDER DETAILS**

NAME OF BREEDER \_\_\_\_\_

ADDRESS (Road/Street) \_\_\_\_\_

(Town) \_\_\_\_\_

(Region/State) \_\_\_\_\_ (Post Code) \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**OWNER DETAILS**

NAME OF OWNER \_\_\_\_\_

ADDRESS (Road/Street) \_\_\_\_\_

(Town) \_\_\_\_\_

(Region/State) \_\_\_\_\_ (Post Code) \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**CHECK LIST** (PLEASE TICK THE BELOW CHECK LIST BEFORE POSTING THIS APPLICATION).

- \_\_\_\_\_ Have you included some verification of the pedigree for this horse.
- \_\_\_\_\_ Have you filled in a form for fees payable and included the appropriate fees.
- \_\_\_\_\_ Have you filled in an application for classification for the next available tour in your region/state?

Please send this application to: (or for help filling in this application please contact the below registrar)

**For Australian Applications**

Norman Raphael  
P O Box 27  
Kyabram  
Victoria 3620  
Australia  
Phone/Fax 3 5853 1207  
Email holsteiner@iinet.net.au

**For New Zealand Applications**

Claire Aldhamland  
305 Rattletrack Road  
R D 4  
Christchurch  
New Zealand  
Phone 03 329 5119  
Email sportswb@xtra.co.nz