



Holsteiner Horse Association of Australia Ltd
 ABN 70 006 364 601
 PO Box 124, Merrigum, Vic, 3618
 Ph. 0430 275 218, Email: hhaa@outlook.com.au
 Website: www.holsteiner.com.au

APPLICATION FOR REGISTRATION OF THE HOLSTEINER FOAL

Number: (Office use only) _____ Service Certificate Number: _____

Stud Prefix: _____ Name of Horse: _____

Colour: _____ Sex: _____

Date of birth: _____ Brands: Near Side _____ Off Side: _____

Microchip No: _____

Breeder and Address: _____ Membership Number: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Owner and Address: _____ Membership Number: _____

If different from
 Breeder _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Pedigree of foal:

		Sire: _____
	Sire: _____	
	Breed: _____	Dam: _____
Sire: _____		
Breed: _____		Sire: _____
Reg No: _____	Dam: _____	
	Breed: _____	Dam: _____
		Sire: _____
	Sire: _____	
	Breed: _____	Dam: _____
Dam: _____		
Breed: _____		Sire: _____
HHAA Reg: Yes/No _____	Dam: _____	
Reg No: _____	Breed: _____	Dam: _____

Fee for registration is \$50.00. Please include the original Service Certificate with this Application (photocopy for your records) a copy of the Dam's registration papers if she is HHAA registered or an application for registration if she is not.

Note: A stud prefix must be shown and also a stud brand. Stud prefix is not to exceed 16 characters and brands are to be kept as simple as possible, alphabetic and numerals only for preference.

Markings: (please write in below all white markings eg sock, stocking, blaze, star etc or nil if no markings).

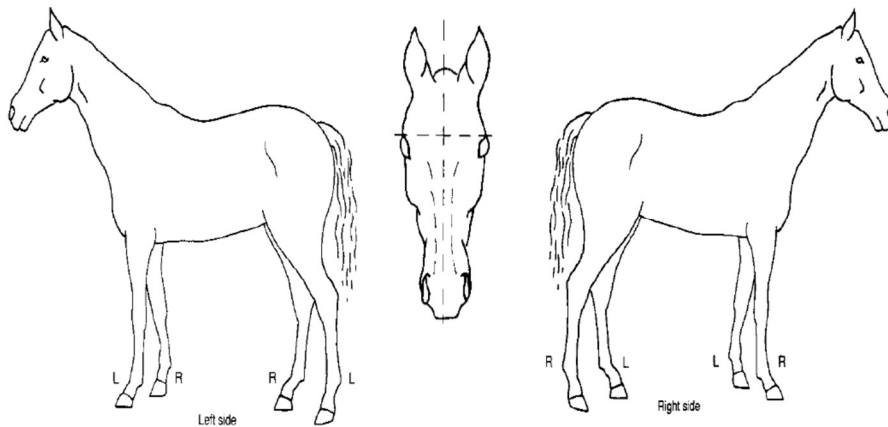
Near front: _____ **Off front:** _____

Near hind: _____ **Off hind:** _____

Face: _____

Description sketches: Please complete the following description sketches as applicable and please include appropriate brands and whorls (in blue pen) as well as any white markings (in red pen). Please mark scars as →

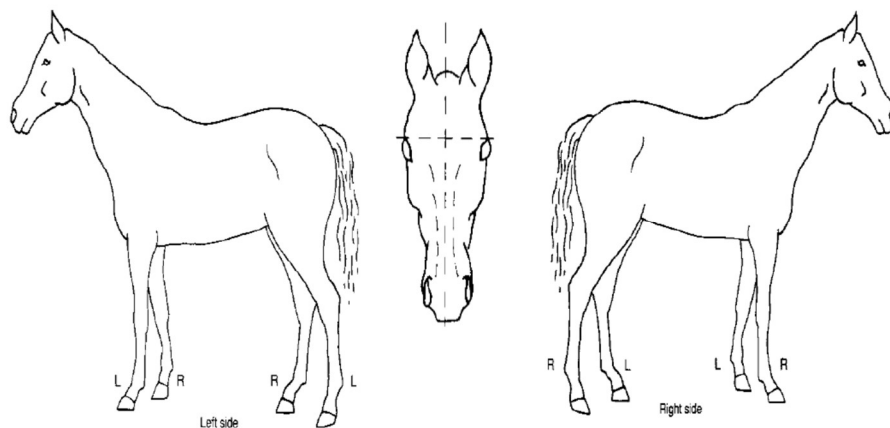
Foal identification



Mare identification

Colour: _____

This identification is to be signed by an HHAA Classifier or a Veterinarian after sighting the mare and foal, prior to weaning.



Signed: _____ Date: _____

Print Name
and address: _____