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## **IMPORT & IDENTIFICATION FORM**

Refer to requirements re Importation of Ponies in the Constitution & Regulations of the NZSPBS

COUNTRY OF EXPORT:	DATE OF IMPORT TO NZ:	
NAME:	SEX:	
DATE OF BIRTH:	COLOUR:	
BRAND:	MICROCHIP NO:	
CURRENT STUD BOOK REF:	CURRENT REGISTRATION NUMBER:	
SIRE:	Date of Birth:	Colour:
Current Stud Book Reference:	Current Registration Number:	
DAM:	Date of Birth:	Colour:
Current Stud Book Reference:	Current Registration Number:	
NAME, ADDRESS AND COUNTRY OF BREEDER:		
NAME, ADDRESS AND COUNTRY OF THE LAST RECORDED OWNER (EXPORT COUNTRY):		
NAME, ADDRESS AND COUNTRY OF PURCHASER OR LEASEE (IN NEW ZEALAND):		
Date of Ownership Transfer:		
CERTIFIED BY: NZ Shetland Pony Breeders Society Inc	IMPORT PAPERWORK CHECKLIST (FOR OFFICE USE ONLY):	
Approved by Committee:// 20	☐ Original Rego Certificate	If Import is an In-Foal Mare:
NZ Registration No:	☐ Four Generation Pedigree	☐ Sire – copy of Rego Cert
Official Stamp:	☐ Full set of Photographs	☐ Sire – Pedigree
	☐ DNA Profile	☐ Sire – DNA Profile
	☐ Import Fee	☐ Sire – Service Certificate
	☐ Passport (if applicable)	☐ Colt Foal Recorded

## **IDENTIFICATION FORM**

## TO BE COMPLETED BY A QUALIFIED VETERINARIAN I hereby certify that the diagram and written particulars below accurately describe the pony I have examined The pony's brands are: Date of Examination: Name of Veterinarian: Signature of Veterinarian: Address of Veterinarian: **MARKINGS** Please fill in these diagrams with the exact position of all markings, brands and permanent scars if any **OFF SIDE NEAR SIDE HEAD** COLOUR – please tick (more than one if applicable) Buckskin Bay Black Brown Chestnut Dun Grey Palomino Piebald Skewbald Other Roan Please describe all colours, markings, brands and permanent scars in words below: Head: Colour Description: Near Side Body: Near Forelegs: Near Hindlegs: Off Side Body: Off Forelegs: Off Hindlegs: TO BE COMPLETED BY THE REGISTERED OWNER (OR LEASEE) OF THE IMPORTED PONY I hereby certify that the details contained in this form are correct to the best of my knowledge and belief Name of Owner: Signature of Owner: Address of Owner: Date: