

# QUEENSLAND PINTO HORSE ASSOCIATION INC.

(Established 1975)



## APPLICATION FOR COLT UNDER 2YR REGISTRATION

Name PREFIX or SUFFIX: \_\_\_\_\_ 1. \_\_\_\_\_

FEE:- Colt foal recording \$25.00 – to be upgraded to Stallion or Gelding on attaining 2 years of age. \_\_\_\_\_ 2. \_\_\_\_\_

Please note: Maximum length of name is 30 letters including stud prefix and spaces. \_\_\_\_\_ 3. \_\_\_\_\_

### PHYSICAL DETAILS:

SEX:(Stallion, Mare, Gelding) \_\_\_\_\_ SIZE:(at present) hands \_\_\_\_\_ inches \_\_\_\_\_

PATTERN: Tobiano \_\_\_\_\_ Overo \_\_\_\_\_ Tobero \_\_\_\_\_ Sabino \_\_\_\_\_ COLOUR: \_\_\_\_\_  
(please tick appropriate )

BRAND DESCRIPTION and POSITION: \_\_\_\_\_ FOALING DATE: \_\_\_\_\_

PINTO FOAL RECORDED:(please tick) YES \_\_\_\_\_ NO \_\_\_\_\_

If Registered with any other society:

NAME OF SOCIETY: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_

**\*\*\*Photocopy of other Breed Registration Certificate must be attached to application\*\*\***

BRED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHOTOGRAPHS: 2 each side, 1 full front view, 1 full rear view.

**\*\*Photographs must be enclosed with application\*\***

ANCESTRY: (If Known)

Fill in ancestry only if authentication documents can be produced, eg: stallion service certificate etc. If sire or dam is registered with other horse societies, please note society and registration number below.

**\*\*\*Photocopy of relevant documents must be attached to application\*\*\***

SIRE: \_\_\_\_\_ SIRE: \_\_\_\_\_

Colour: \_\_\_\_\_ Pattern: \_\_\_\_\_ Colour: \_\_\_\_\_ Pattern: \_\_\_\_\_

Registered with: \_\_\_\_\_ Registration: \_\_\_\_\_ DAM: \_\_\_\_\_  
Horse Society Number

Colour: \_\_\_\_\_ Pattern: \_\_\_\_\_

DAM: \_\_\_\_\_ SIRE: \_\_\_\_\_

Colour: \_\_\_\_\_ Pattern: \_\_\_\_\_ Colour: \_\_\_\_\_ Pattern: \_\_\_\_\_

Registered with: \_\_\_\_\_ Registration: \_\_\_\_\_ DAM: \_\_\_\_\_  
Horse Society Number

Colour: \_\_\_\_\_ Pattern: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

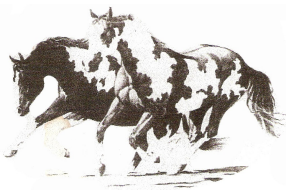
ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

OWNERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN'S SIGNATURE (if under 18yrs) \_\_\_\_\_ DATE: \_\_\_\_\_

CERTIFICATION: I believe the above information is correct to the best of my knowledge.

**PLEASE RETURN COMPLETED FORM TO: Q.P.H.A Inc., P.O. Box 281. Burpengary QLD 4505**



# CHECK LIST



## HAVE YOU COMPLETED THE FOLLOWING?

- \_\_\_\_\_ Have **three (3)** horse names been selected?
- \_\_\_\_\_ Have all Physical Details been completed?
- \_\_\_\_\_ Have All **Ancestry Details** been completed if applicable and **originals or copies enclosed with registration?**
- \_\_\_\_\_ Has a Cheque or Money Order been completed with the correct fee? Membership & Fee for Horse Registration.
- \_\_\_\_\_ **Is there six(6) photographs of the horse (2 each side, 1 full front, 1 full rear view)? 6X4" NO LARGER AND MUST BE PRINTED ON PHOTO PAPER – please ensure legs/heads etc are Not Cut Off.**
- \_\_\_\_\_ **Is the Stallion Service Certificate Enclosed?** This needs to be included to verify breeding.
- \_\_\_\_\_ **A Copy of Parents Registrations Papers Been included?**
- \_\_\_\_\_ Has the Veterinary Certificate been Completed for **Stallion** Registration?

### MUST BE COMPLETED IF REGISTRATION IS FOR A STALLION

## VETERINARY CERTIFICATE

NAME OF HORSE: \_\_\_\_\_

COLOUR: \_\_\_\_\_ COAT PATTERN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BRAND: \_\_\_\_\_

FOAL RECORDING NUMBER: \_\_\_\_\_ (IF APPLICABLE)

I have examined the horse described above and found it to be free from the following defects:  
(PLEASE TICK IF FREE FROM DEFECT)

CRYPTORCHID: \_\_\_\_\_ MONORCHID: \_\_\_\_\_ PARROT MOUTH: \_\_\_\_\_

CATARACT: \_\_\_\_\_ UNDERSHOT JAW: \_\_\_\_\_ POLYDACTYLIA: \_\_\_\_\_

NAME OF VETERINARIAN: \_\_\_\_\_

VETERINARIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF HORSE OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Please Note: Veterinarian to sign one of each side of photographs to verify horse identity.