New Zealand Shetland Pony Breeders Society (Inc.)

Secretary: Lesley Lewis, 530 Marshland Road, Christchurch 8083, New Zealand
Phone: 03 385 6163 • Email: lewises@xtra.co.nz • Website: www.shetlandpony.org.nz

FOAL NAME PRE-APPROVAL APPLICATION FORM

*** * * FOR SHOWING PURPOSES ONLY * * ***

Refer to NZSPBS website or contact the Secretary for the current Schedule of Fees
Refer to the NZSPBS Constitution & Regulations for further information

PLEASE NOTE
This is not a NZSPBS Certificate of Registration
Before this pony can be transferred, it must be registered with the NZSPBS
The Foal Name Pre-approval Form expires on 31st July of the season the foal was born in

Foal Details:

1st CHOICE *(maximum 36 characters including Stud Prefix & spaces)*

2nd CHOICE *(maximum 36 characters including Stud Prefix & spaces)*

3rd CHOICE *(maximum 36 characters including Stud Prefix & spaces)*

Sex: Male ☐ Female ☐ *(TICK ONE)* DOB: ____/____/20__

Sire: _____ Registered No: _____

Dam: _____ Registered No: _____

Foal Breeder's Details:

Name(s): _____

Address: _____

_____

_____

Signed: _____ Date: _____

Office Use Only:

FOAL NAMING PRE-APROVAL CERTIFICATE
*** * * TEMPORARY CERTIFICATE FOR SHOWING PURPOSES ONLY * * ***

Temporary Number: _____ Expiry Date: _____

Signed by Registrar: _____ Date: _____