



Office use only

Date:

Regn N°:

## Application for Registration

**NOTE: Identification details must be completed by and signed by a veterinarian**

Please post with a SAE for each registration card to:  
 Jane Holm, NZ Iberian Horse Assn  
 85 Heald Rd, Hunua, RD3 Papakura  
 Auckland 2583, New Zealand  
 And deposit payment into our BNZ account 02 0191 0313930 00

### FEES

\$20.00 if both parents registered with either APANZ, NSHA or NZIHA  
 \$30.00 if one parent registered  
 \$40.00 if neither parent registered  
 Annual Membership \$25

Choice of Name for Horse		Breeder Name & Address: (If different to Owner)	
1 <sup>st</sup>	DOB:	Name:	
2 <sup>nd</sup>	Sex:	Address:	
3 <sup>rd</sup>	Colour:	Email:	
SIRE:	Sire:	<b>NOTE: Permanent Identification is Required in the form of a Microchip, DNA Test or Brand</b>	
Breed:	Dam:	Microchip N°:	
YOB:	Reg N°:		
DAM:	Sire:	<b>Brand Details: (If no Microchip) Please show location &amp; details on diagrams below</b>	
Breed:	Dam:	Near Side:	
YOB:	Reg N°:	Offside:	

Identifying Markings and Features			
Left Fore:		Right Fore:	
Left Hind:		Right Hind:	
Head:		Other:	
<p>Muzzle      Left Side</p>		<p>Whorls to be shown as: X          Scars to be shown as: →</p> <p>Fore Legs Rear View      Hind Legs Rear View</p>	
<p>By signing this form:          We - the Owner/Agent and the Veterinarian - certify to the correctness of the description shown on this certificate taken for the purpose of the studbook requirements of this Association.</p>		<p>Right Side</p>	

Form Completed by			
Owner/Agent:		Email:	
Address:		Date:	Ph:
		Owner Signature:	
Veterinarian:		Date:	Veterinarian Signature:
Ph:	Email:		