

IRISH DRAUGHT HORSE SOCIETY (NZ)

APPLICATION FOR REGISTRATION OF YOUNGSTOCK

NAME OF HORSE:
(Please include Prefix or Suffix if used)

DATE OF BIRTH:/...../.....
Day Month Year

CONCEIVED BY: NATURAL COVER ARTIFICIAL INSEMINATION ON STUD AI. VIA TRANSPORTED SEMEN EMBRYO TRANSPLANT

SEX: COLOUR: BRANDS:

Note: Re BRANDING: When a youngster is approved for Registration a temporary certificate will be issued. To complete Registration youngsters must be branded by a Reg'd Vet Surgeon with Society's SHAMROCK Brand over NZ on near shoulder and designated number over year of birth on off shoulder.

PEDIGREE OF YOUNGSTER

NAME OF SIRE:

BREED : REG'D NO : SOC :

NAME OF DAM: REG'D NO : SOC :

BREED : If TB please tick: Stud Book Non Stud Book Unregistered

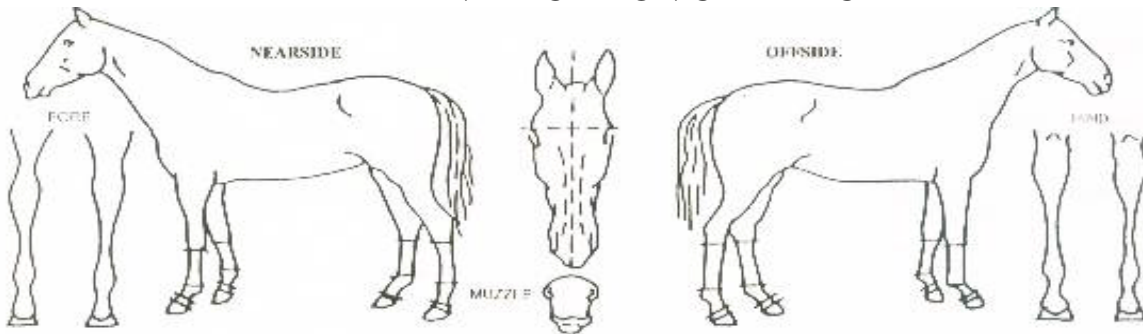
SIRE OF DAM :

BREED : REGD' NO : SOC :

GRAND DAM :

BREED : REG'D NO : SOC :

IDENTIFICATION CERTIFICATE



Instructions: Please mark diagrams in RED with exact position of any distinguishing marks, scars, or brands. WHORLS to be marked with an 'X', stars, blaze, leg markings, etc. to be drawn showing position and shape as accurately as possible.

Please ensure that diagram and written description below agree. Please type or use BLOCK letters

HEAD _____

L. F. _____

R.F. _____

L.H. _____

R.H. _____

BODY _____

ACQUIRED, MARKS, SCARS ETC _____

DETAILS OF BREEDER/S

SURNAME..... FIRST NAMES.....
(Title : Mr, Mrs, Ms, Miss)

ADDRESS.....
.....
.....

TELEPHONE: Bus..... After Hours.....
(Please include Area Codes)

DETAILS OF CURRENT OWNER/S (if different from above)

SURNAME/S..... FIRST NAMES.....
(Title: Mr, Mrs, Ms, Miss)

ADDRESS:.....
.....
.....

TELEPHONE: Bus..... After Hours.....
(Please include Area Codes)

Please give details of Veterinary Surgeon

SURNAME/S..... FIRST NAMES.....

ADDRESS:.....
.....
.....

TELEPHONE: Bus..... After Hours.....
(Please include Area Codes)

To be eligible for registration owners must be members of the Irish Draught Horse Society (NZ)

Branding is a requirement for registration with the I.D.H.S.(NZ).

REGISTRATION FEE \$30.00

I/We hereby certify that all information on this application is true and correct to the best of my/our knowledge, and agree that the I.D.H.S.(NZ) has the right to use the information in compilation and publication of bloodlines, statistics, etc and to make it available to any or all interested parties.

SIGNED : SIGNED :

DATE : DATE :

PLEASE RETURN THIS FORM WITH THE FEE TO: Secretary, Debbie Hewitt, Bush Road
Oxford, North Canterbury