

SUBMITTED ONLY BY REGISTERED SAQHA BREEDER

SAQHA REGISTRATION APPLICATION THE SOUTH AFRICAN QUARTER HORSE ASSOCIATION P.O BOX 181, MAGOGONG, 8575 FAX 086 502 8404

- * Send 2 copies to SAQHA
- * Attach copy of DNA form
- * IF THIS FOAL HAS CHANGED HANDS PRIOR TO REGISTRATION ATTACH A COMPLETED, SIGNED TRANSFER REPORT

* INSTRUCTIONS : the recorded owner at time of foaling is responsible for registration of the foal and must have current membership in order to register.

SERIAL #

(1) Sex (check one) () Stallion () Mare () Gelding	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
OWNER OF FOAL: (owner of Dam at time of foaling)	Owner of Foal - Address below

(2) BREEDER'S PREFIX:	(3) BREEDER: (owner of dam at time of service)
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(4) FOALING DATE A Natural B Artificial Insemination C Embryo Transfer	DATE									
	D	M	Y	OFFICE USE (8) Section of herdbook (9) Subsection of herdbook						SAQHA MEMBER NO. :
										TOWN & PROVINCE :
										STUDBOOK BREEDER NO. :

(5) NAME (First Choice)	NAME (Second Choice)
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(6) SIRE NAME :			
REGISTRATION NO. :		Tick if thoroughbred	
OWNER OF SIRE : (at time of service)		SAQHA MEM NO. :	
TOWN & PROVINCE:			

(7) DAM NAME:			
REGISTRATION NO. :		Tick if thoroughbred	
OWNER OF DAM : (at time of foaling)		SAQHA MEM NO. :	
TOWN & PROVINCE:			

(8) COLOUR MARKINGS (CHECK ONE)							
<input type="checkbox"/> () SORREL	<input type="checkbox"/> () BLACK	<input type="checkbox"/> () PALOMINO	<input type="checkbox"/> () BAY	<input type="checkbox"/> () RED ROAN	<input type="checkbox"/> () GRAY	<input type="checkbox"/> () CHESTNUT	<input type="checkbox"/> () CREMELLO
<input type="checkbox"/> () BUCKSKIN	<input type="checkbox"/> () BROWN	<input type="checkbox"/> () RED DUN	<input type="checkbox"/> () DUN	<input type="checkbox"/> () BLUE ROAN	<input type="checkbox"/> () GRULLO	<input type="checkbox"/> () PERLINO	<input type="checkbox"/> () CREMELLO

As recorded owner of the dam at the time this horse was foaled (or authorised agent)

I declare that the pedigree, breeding particulars and identification marks of the animal described herein are correct, and that all the requirements of the Constitution and the Act relating to birth notifications and applications for registrations have been complied with.

Signature:
Postal Address:
Tel No. :

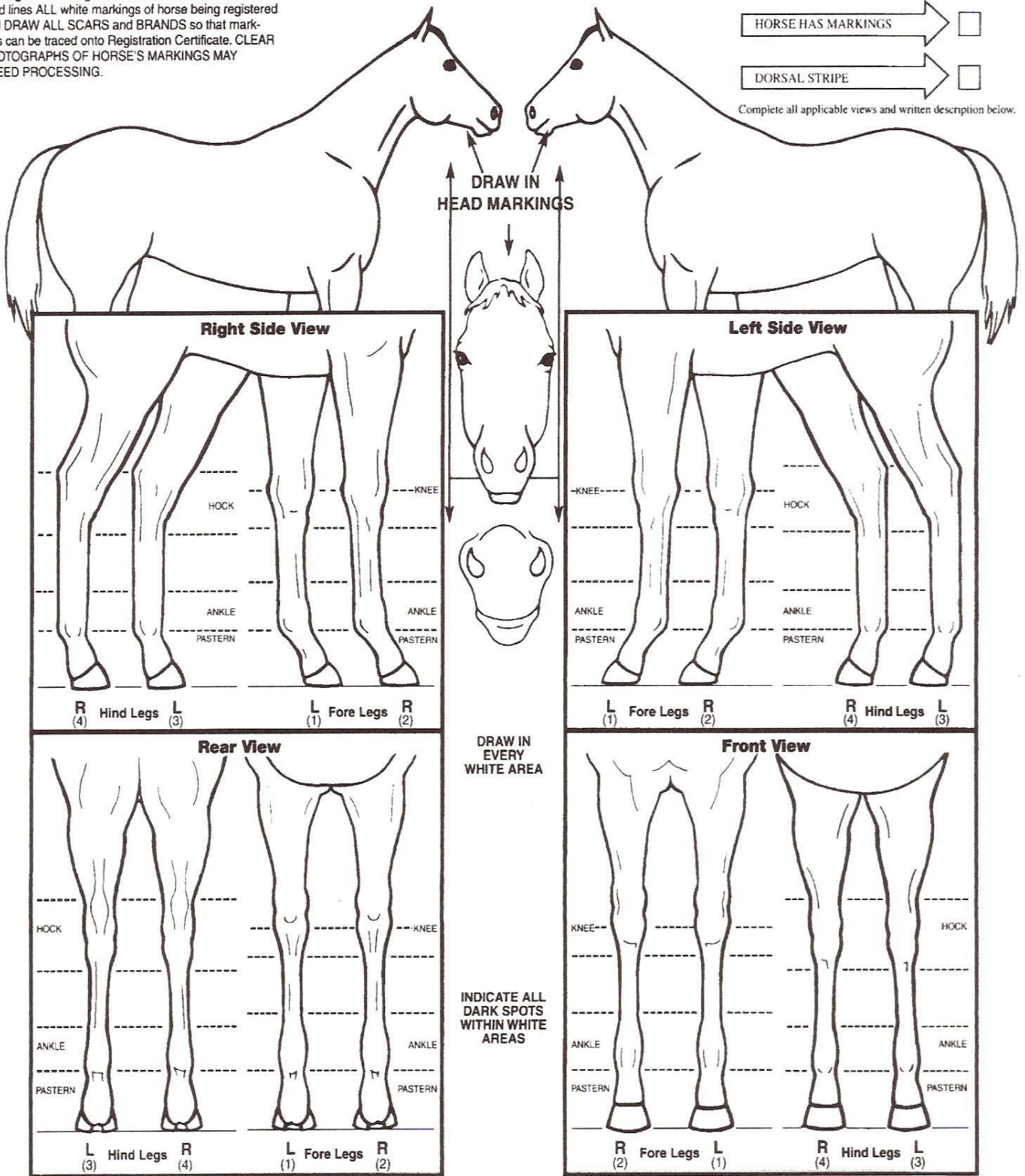
BREEDER'S CERTIFICATE : (to be completed if the sire and dam were NOT owned by the same entity at the time of service or dam at time of foaling.)			
THIS IS TO CERTIFY	(Stallion's name)	Reg.No.	
WAS BRED TO	(Mare served)	Reg.No.	
ON (list dates mare was bred)	Date/s	Year	
Signature (owner of stallion) :		Mem. No.	
Signature (owner of mare) :		Mem. No.	

NB: Complete marking diagrams and blanks

Markings on sides of head and chin must be drawn on diagram. On diagrams below, OUTLINE with dark solid lines ALL white markings of horse being registered and DRAW ALL SCARS and BRANDS so that markings can be traced onto Registration Certificate. CLEAR PHOTOGRAPHS OF HORSE'S MARKINGS MAY SPEED PROCESSING.

- HORSE HAS NO MARKINGS
- HORSE HAS MARKINGS
- DORSAL STRIPE

Complete all applicable views and written description below.



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: COLOR OF EYES:

- (1) LEFT FORE LEG
- (2) RIGHT FORE LEG
- (3) LEFT HIND LEG
- (4) RIGHT HIND LEG

OTHER OR UNUSUAL MARKINGS OR COLOR

COLOR OF MANE AND TAIL

SCARS AND BRANDS If branded, check if freeze brand