

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 and/or MICROCHIPPING: 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 the society's Shamrock Brand over NZ on near shoulder and designated number over year of birth on off shoulder and/or MICROCHIPPED.

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 ☐

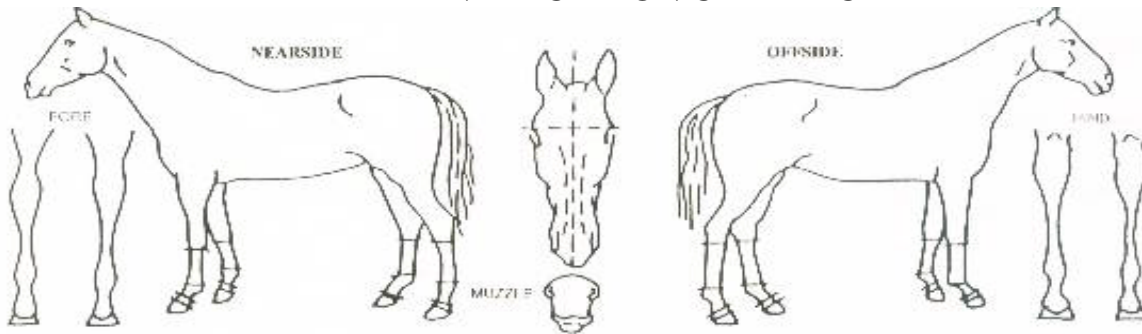
SIRE OF DAM :

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 and/or Microchipping is a requirement for registration with the I.D.H.S.(NZ).

REGISTRATION FEE \$35

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: The Hon. Registrar, Mrs L Spence, Weedons
Ross Road, West Melton RD 6, Christchurch. Ph 03 347 8131 or 021 339 883; spencethornfield@xtra.co.nz.