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 Canning Vale South, WA 6155  
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 ARN: 166 952 478  
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# APPLICATION FOR REGISTRATION OF HORSE

\*PLEASE NOTE THAT THERE IS UP TO A 60 DAY TURN-AROUND TIME FOR THE PROCESSING AND RETURN OF ALL PAPERWORK\*

DETAILS OF HORSE TO BE REGISTERED			
<b>Name Requested</b>	<i>(Please insert full name into this box)</i>	<i>(Please insert full name into this box)</i>	
	1.	2.	
<b>Sex</b> (tick applicable)	Male (entire) <input type="checkbox"/> Male (gelded) <input type="checkbox"/> Female <input type="checkbox"/>	<b>Date of Birth:</b>	
<b>% Friesian:</b>	<b>Colour:</b>	<b>Brand Diagram (N/S &amp; O/S)</b>	<b>Height</b> (at maturity):
<b>Microchip Number:</b>			
<b>Brand-written description:</b>			

Please use Page 2 to record any markings/scars/whorls

DETAILS OF SIRE AND DAM	
<b>Name of Sire:</b>	<b>Name of Dam:</b>
<b>Breed of Sire:</b>	<b>Breed of Dam:</b>
<b>Registration Details</b> (if applicable):	<b>Registration Details</b> (if applicable):

DETAILS OF OWNER		
<b>Name:</b>	<b>AFWHS Member No.:</b>	
<b>Address:</b>	<b>State:</b>	<b>P/C:</b>
<b>Phone:</b>	<b>Date of Horse Ownership:</b>	
<b>Email:</b>		

DETAILS OF BREEDER		
<b>Name:</b>	<b>Stud Name:</b>	
<b>Address:</b>	<b>State:</b>	<b>P/C:</b>
<b>Phone:</b>	<b>AFWHS Member No.:</b>	
<b>Email:</b>		

**INSTRUCTIONS FOR COMPLETING THIS FORM:**

1. This Application for Registration form is for registering Friesian Warmblood (partbred) with a minimum of 25% Friesian.
2. **All** sections **MUST** be completed and **both pages** of the form must be submitted.
3. Two name preferences should be provided in the event the first preference name is already recorded.
4. A complete and accurate description of the horse must be recorded (i.e. colour, markings, brands, etc). **The horse MUST be branded and/or microchipped before it can be accepted for registration.**
5. **Two photos of the horse must accompany this application**—one from each side and clearly showing any markings— one of them with the Dam if available.
6. A Certificate of Service from the owner of the Stallion that served the mare **must** be supplied with this application.
7. **The registration fee applicable at the time must accompany this application**—no horse can be registered until this fee is received.  
 Note: the owner must be a financial member of the Australian Friesian Warmblood Horse Society Inc at the time of registration.
8. Please use biro when completing this form and please print clearly.
9. Please ensure all information requested is supplied.
10. Please ensure that all information provided is correct as the Society depends upon the information supplied by the breeders/owners to maintain an accurate Register of Friesian Warmblood horses.

**Note: In order to transfer ownership of the horse, please contact the Secretary for a Transfer form—[secretary@afwhs.com.au](mailto:secretary@afwhs.com.au)**

**FULL DESCRIPTION OF MARKINGS/SCARS/WHORLS**

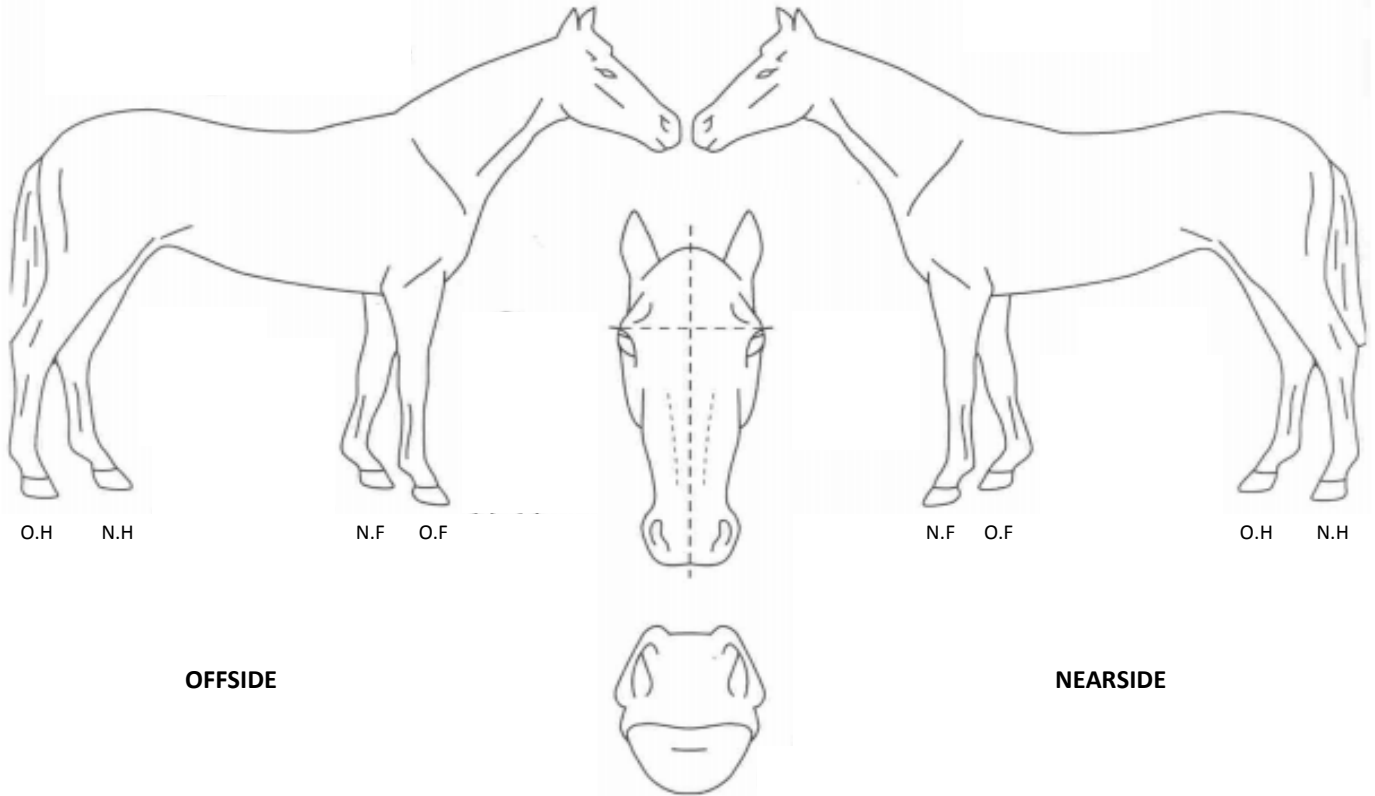
*Please use as much detail in the description of the horse to be registered.; remember to mark all white areas, whorls and scars*

**HEAD:**

**NEAR SIDE:**

**OFF SIDE:**

Please correctly identify any white markings in red. All scars and whorls (with an "x") are to be marked in black.



**PAYMENT DETAILS-**

**REGISTRATION FEE—\$35.00**

Method of Payment:  Cheque or Money Order made payable to AFWHS Inc (post to address listed at top left of form)  
 (please tick)  Direct Deposit (bank details below— please include your surname as reference— complete the details below and attach a copy of the receipt (your order may not be accepted without this receipt))

**Account Name: AUSTRALIAN FRIESIAN WARBLOOD HORSE SOCIETY INC**  
**BSB— 086 535 ACCOUNT—862499845**

**Date of Deposit:** \_\_\_\_\_ **Reference Used:** \_\_\_\_\_ **Copy of Receipt Attached:**

Signed (Owner): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Membership Current: Yes/No (circle)

Please note that failure to complete the form accurately, which results in errors (due to inaccurate information being supplied on the form) will incur a fee of \$10 for a replacement Certificate of Registration. By signing above, you confirm that you have reviewed the details of this application and take responsibility for it's accuracy.

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Paid on: \_\_\_\_\_ by: Chq MO Direct Receipt # Issued: \_\_\_\_\_

**DATE ENDORSED:** \_\_\_\_\_ **REGISTRATION NUMBER:** \_\_\_\_\_ **NOTARISED:** \_\_\_\_\_