

The Australian Pony Stud Book Society Inc.

ABN: 18 280 213 644

Return to: APSB Registrar, PO Box 57, Geebung, Qld 4034

ph: 07 3216 2011 fax: 07 3216 2509

e-mail: registrar@apsb.asn.au

APPLICATION FOR PART-BRED REGISTRATION

PLEASE PRINT IN BLOCK LETTERS

DO NOT USE CORRECTION FLUID

Please tick one: Mare Gelding

Prefix: _____ Name: _____

Date of Birth: ___ / ___ / ___ Date Gelded: ___ / ___ / ___

Height: _____ hands Foal Colour: _____ Adult Colour: _____
(approx at maturity)

Brands - Near Shoulder: _____ Off Shoulder: _____

Head: _____

Markings: Near Side: _____
(Details to be Fore Legs: _____
shown on Off Side: _____
rear of form)

Hind Legs: Near Side: _____

Off Side: _____

Sire: Prefix & Name _____
Reg No. _____
(APSB or other, as applicable)

Grand Sire: Prefix & Name _____
Reg No. _____
(APSB or other, as applicable)

Grand Dam: Prefix & Name _____
Reg No. _____
(APSB or other, as applicable)

Dam: Prefix & Name _____
Reg No. _____
(APSB or other, as applicable)

Grand Sire: Prefix & Name _____
Reg No. _____
(APSB or other, as applicable)

Grand Dam: Prefix & Name _____
Reg No. _____
(APSB or other, as applicable)

Breeder's Name: _____ APSB Member No: _____

Breeder's Address: _____

Owner's Name: _____ APSB Member No: _____

Owner's Address: _____

I hereby certify that the above particulars are, to the best of my knowledge, correct.

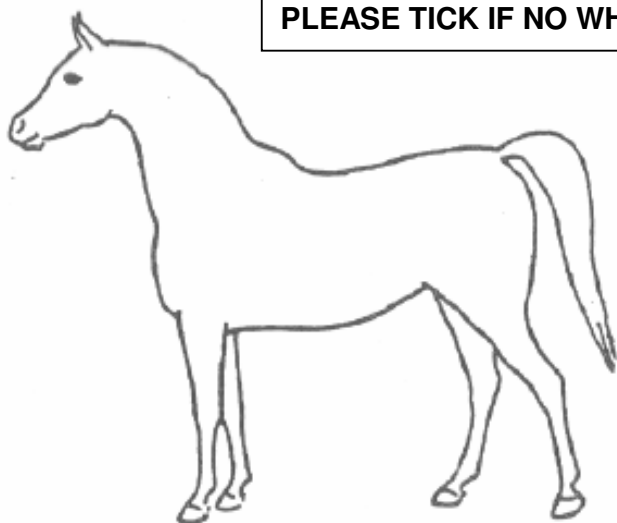
Nominee's Signature: _____ Date: ___ / ___ / ___

see over for fee payment details

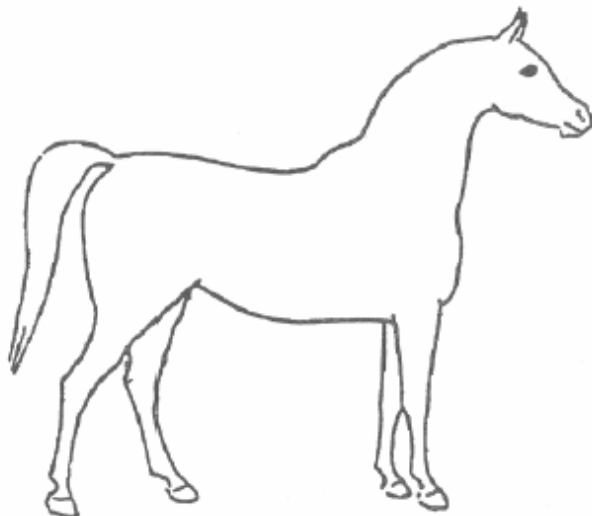
April 2005

EXACT MARKINGS TO BE SHOWN

PLEASE TICK IF NO WHITE MARKINGS



NEAR SIDE



OFF SIDE



HEAD

INSTRUCTIONS

Fill in the diagrams with the exact positions of markings, brands and permanent scars, if any.

PART-BRED REGISTRATION REQUIREMENTS

To register a pony in the APSB Part-Bred register, the following items are to accompany this form:

- proof of a minimum of 25% APSB Pure-Bred bloodlines; and
- a stallion certificate of service or other proof of breeding, such as a registration certificate from a recognised society, as defined in the APSB Regulations.

FEE PAYMENT DETAILS:

Enclosed is a cheque / money order made payable to APSB for: \$ _____

Or charge my credit card: Mastercard Visa Bankcard

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Expires: ____ / ____ Name on Card: _____

CARD CHECK VALUE
(3 digit no. on back of card)

Signature: _____

Receipt Required

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refer to website (www.apsb.asn.au), your State Branch Secretary or the Registrar for latest fee schedule