



# The Australian Pony Stud Book Society Inc.

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## APPLICATION FOR PART-BRED REGISTRATION

PLEASE PRINT IN BLOCK LETTERS

DO NOT USE CORRECTION FLUID

Please tick one:

Mare

Gelding

Colt

Stallion

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Gelded: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height: \_\_\_\_\_ hands Foal Colour: \_\_\_\_\_ Adult Colour: \_\_\_\_\_  
(approx. at maturity)

Brands - Near Shoulder: \_\_\_\_\_ Off Shoulder: \_\_\_\_\_

Microchip No: \_\_\_\_\_

Head: \_\_\_\_\_

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

Hind Legs: Near Side: \_\_\_\_\_  
Off Side: \_\_\_\_\_

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

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

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

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

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

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

Breeder's Name: \_\_\_\_\_ APSB Member No: \_\_\_\_\_

Breeder's Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ APSB Member No: \_\_\_\_\_

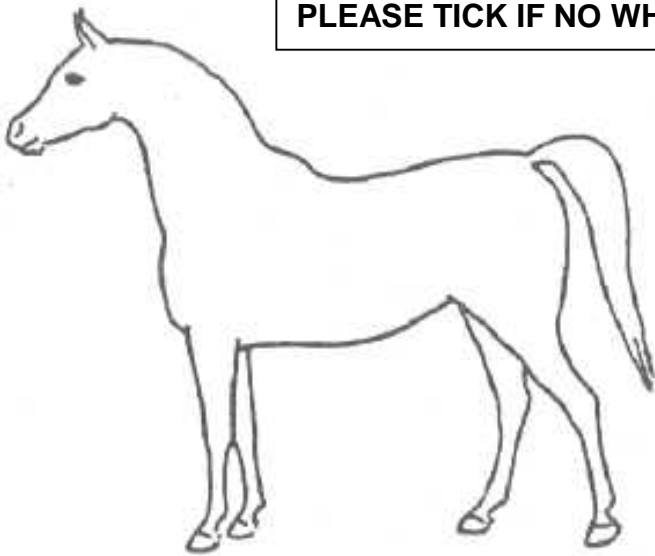
Owner's Address: \_\_\_\_\_

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

Nominee's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## EXACT MARKINGS TO BE SHOWN

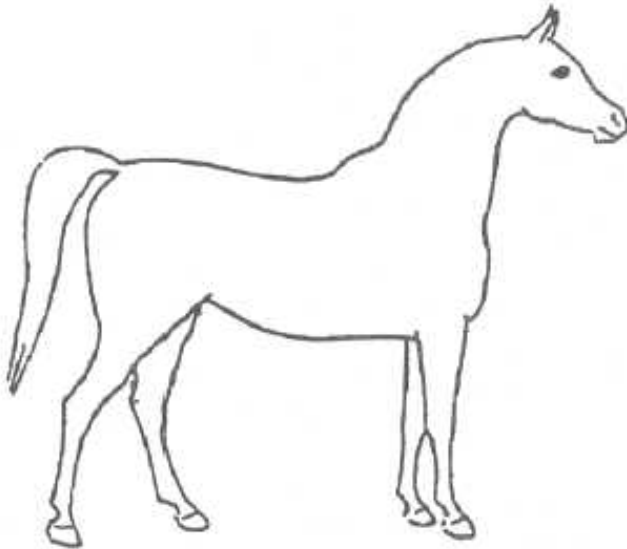
PLEASE TICK IF NO WHITE MARKINGS



**NEAR SIDE**



**HEAD**



**OFF SIDE**

**INSTRUCTIONS**

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

**PART-BRED REGISTRATION REQUIREMENTS**

- proof of a minimum of 25% APSB Pure-Bred bloodlines for mares and geldings
- proof of a minimum of 50% APSB Pure-Bred bloodlines for colts and stallions
- 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: \_\_\_\_\_

Signature: \_\_\_\_\_    Receipt Required

Payway Receipt No: \_\_\_\_\_

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

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**refer to website ([www.apsb.asn.au](http://www.apsb.asn.au)), your State Branch Secretary or the Registrar for latest fee schedule**