



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

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

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

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

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

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

Breeder's Name: _____ APSB Member No: _____

Breeder's Address: _____

Owner's Name: _____ APSB Member No: _____

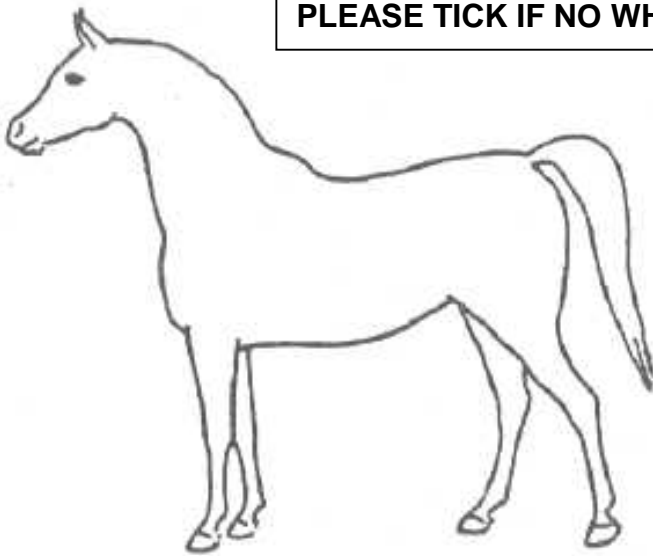
Owner's Address: _____

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

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

EXACT MARKINGS TO BE SHOWN

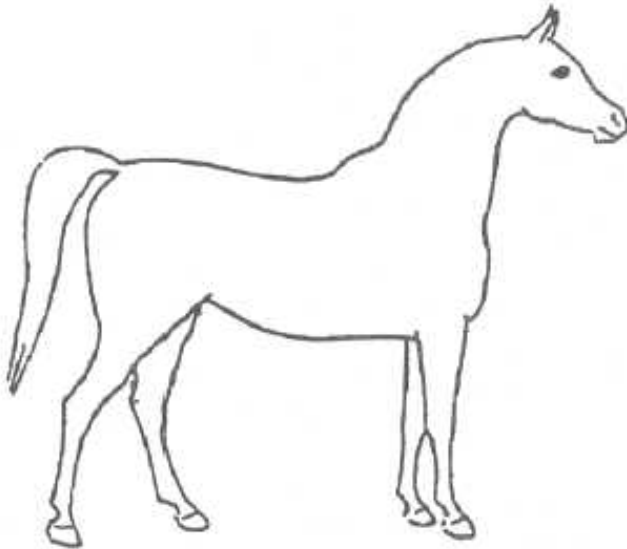
PLEASE TICK IF NO WHITE MARKINGS



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), your State Branch Secretary or the Registrar for latest fee schedule