Haflinger Horse Association New Zealand

CROSSBRED FOAL REGISTRATION FORM

FARM NAME: _____

PREFERRED NAME: _____

ALTERNATE NAME CHOICE/S: _____

SEX OF FOAL **COLT** OR **FILLY**

COAT COLOUR: _____

NAME OF SIRE: _____ REG NO: _____

NAME OF DAM: _____ REG NO: _____

SERVICE CERTIFICATE NUMBER: _____ DATE OF BIRTH: _____

IF KNOWN, PLEASE RECORD TIME OF BIRTH: _____

BREEDER NAME: _____

BREEDER ADDRESS: _____

_____ POSTCODE _____

TELEPHONE: _____ E-MAIL: _____

☐ I WISH TO APPLY FOR FOAL RECORDING OF THE ABOVE FOAL IN ACCORDANCE WITH THE REGULATIONS OF THE ASSOCIATION AND HAVE ENCLOSED THE REGISTRATION FEE OF **NZ$20**

☐ I WISH TO APPLY FOR ASSOCIATE MEMBERSHIP TO THE ORGANISATION AND ENCLOSE MY **NZ$10** MEMBERSHIP FEE

☐ I AM AN EXISTING MEMBER OF HHANZ

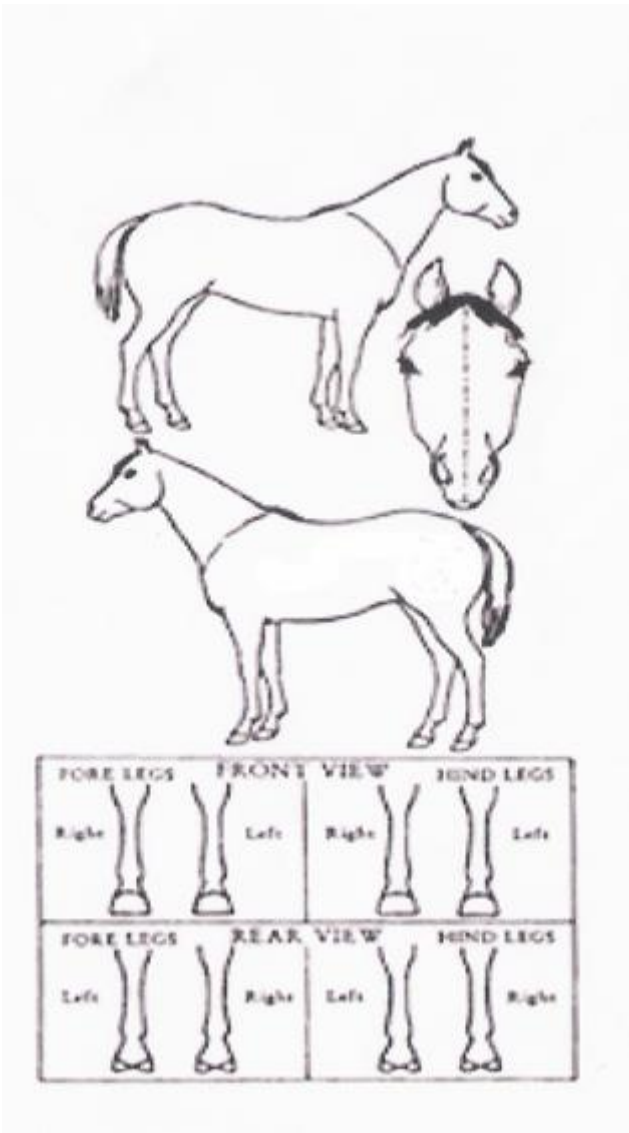
SIGNED _____ DATED _____

President	Pat Reid	president@haflinger.org.nz
Secretary	Vidhi Marshall	secretary@haflinger.org.nz
Treasurer	Pat Reid	treasurer@haflinger.org.nz
Registrar	Kelly Anderson	registrar@haflinger.org.nz

Please tick each box to show what is included with this registration form:

☐ Please send a digital copy of a head on photograph to the registrar registrar@haflinger.org.nz. If you do not have access to digital media please attach a clear "HEAD ON" photograph showing the white head markings.

☐ Please include a copy of the breed certificate, and/or give details of the non Haflinger parent when applying for part bred progeny registration.



All Registration Forms, Photos and Fees to be sent to:
The REGISTRAR:
Kelly Anderson, 34 Kennedy Rd, R.D.2. Albany, Auckland 0792
registrar@haflinger.org.nz

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