

SHOW HORSE COUNCIL OF AUSTRALASIA INC.



ABN 51 590 953 920

www.showhorsecouncilaust.com.au

PAYMENT SHEET

(To be completed & lodged with NSH Application/Papers and Fees.)

NSH REGISTRATION:

NEW APPLICATION FEE: \$60 Gst incl.

TRANSFER FEE: \$40 Gst incl.

REPLACEMENT PAPERS: \$40 Gst incl.

NSH Transactions will only be processed if submitted by current financial members of The Show Horse Council of Australasia Inc. and its Affiliates.

MEMBER'S NAME

ADDRESS:

PHONE: EMAIL:

NAME OF SHC AFFILIATE:

MEMBERSHIP No. CURRENT TO DATE:

PROCESS REQUIRED:

PAYMENT DETAILS

Please accept my Cheque / Money Order made out to:
Show Horse Council of Australasia Inc. for the amount of \$

CREDIT CARDPAYMENT OPTION: I wish to pay by Mastercard Visa

Amount: \$..... Expiry Date:

Card Number: _____ / _____ / _____ / _____

Cardholder's Name:

Cardholders Signature:

OFFICE USE:

Rec'd:	Processed:	Reg. No.:- HC.
--------	------------	----------------

THE SHOW HORSE COUNCIL OF AUSTRALASIA Inc.

ABN 51 590 953 920.

NATIONAL SADDLE HORSE REGISTER APPLICATION FORM

Current Member of Member No.
(Name of the SHC Affiliate (Club))

NAME OF HORSE IN ORDER OF PREFERENCE **BLOCK LETTERS PLEASE**

- 1.
- 2.
- 3.

Name of Breeder (if known) Is this horse registered with any other Society?
if yes, which Soc.. Name registered under

DETAILS OF HORSE

Date Foaled / / MARE GELDING ENTIRE

SIRE:

DAM :

COLOUR Approximate Height hh

MICROCHIP No.

I/We hereby make application to register a horse and certify that the particulars supplied on this Form are true & correct in every way following a visual inspection of the horse. I/We agree to be bound by the Rules, Regulations, By-Laws & conditions of The Show Horse Council of Australasia Inc. I/We declare that those names of owners appearing on this Form fully disclose the True & Accurate Ownership (refer N.S.H. Registration Rules) of the horse described on this Form. If any incorrect information be furnished on this Application for registration, the Show Horse Council of Australasia Inc. may cancel the Registration & may discipline the Applicant/s & may also disqualify the horse.

OWNER/S SURNAME

GIVEN NAME

- Mr/ Mrs/ Miss/ Ms 1.
- 2.
- 3.

P.O. Box or Residential Address:

P/C

Ph. **Email:**

SIGNATURE/S OF OWNER/S

Date / / **Quote A.B.N. No. if applicable**

This Application Form to be forwarded fully completed, along with the Payment Sheet and required Fee to:
THE REGISTRAR. THE SHOW HORSE COUNCIL OF AUSTRALASIA Inc.

P.O. BOX 776, RICHMOND N.S.W. 2753

Ph: 02.4588 5005 Fax: 02.4588 5006

Email: nshregistrar@bigpond.com www.showhorsecouncilaust.com.au

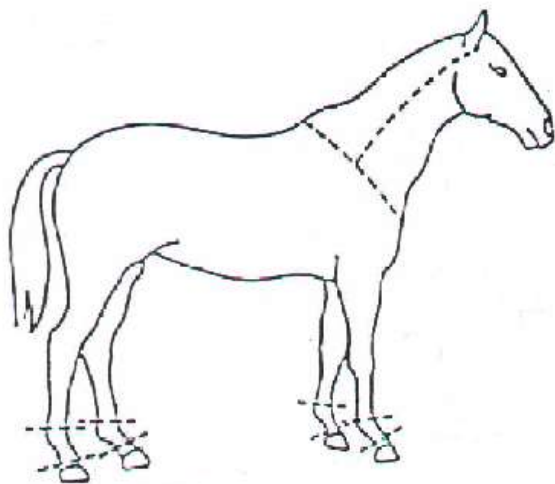
Number allocated

H.C.

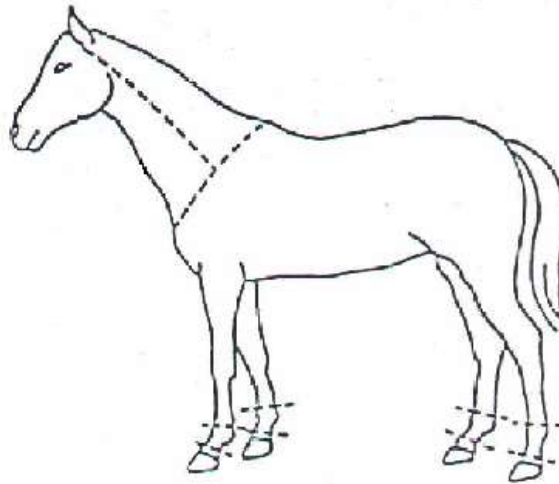
HORSE IDENTIFICATION

THE APPLICANT TO CLEARLY DRAW ALL BRANDS, WHITE MARKINGS, WHORLS (O) & SCARS (X) ON THE DIAGRAMS ASCERTAINED FROM A VISUAL INSPECTION OF THE HORSE.

HORSE OFF SIDE VIEW



HORSE NEAR SIDE VIEW



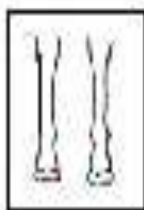
O/S Brand enlarged



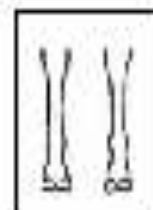
N/S Brand enlarged



FORE LEGS
REAR VIEW



HIND LEGS
REAR VIEW



I/We declare that the above is a true and accurate description of the horse named on this Application for Registration.

SIGNATURE/S OF OWNER/S _____

DESCRIPTION VERIFICATION STATEMENT

To be COMPLETED AND SIGNED by either an Official Show Horse Council Verifier or a Veterinarian or this Application will not be accepted. (Please PRINT Name And Address)

I, _____ of _____

_____ Ph _____

being an Official S.H.C. VERIFIER

VETERINARIAN

have checked the description of the horse on this Application Form and am satisfied that the description agrees with the Brands, Markings and details of the horse presented to me,

SIGNATURE: _____ **DATE** _____