## New Zealand Miniature Horse Association Inc.



Return form to:

Reg. No

## **NZMHA REGISTRAR**

## **REGISTRATION APPLICATION – TRANSFER FROM APPROVED REGISTRY**

For the list of Approved Registries contact the NZMHA Registrar

	application must be	completed in its e	type information entirety – front & back - No b	boxes should be le	ft blank. If any informat	tion is unknown please					
1) This application must be completed in its entirety – front & back - No boxes should be left blank. If any information is unknown please write "unknown" in the box;											
fror	Please include two (2) current full body colour photographs showing all markings on both sides and one (1) of the head (from the front) showing complete face markings and whorls (pull forelock to one side). The image of the horse must be no smaller than 7.5 nor										
grea	ater than 10 cm squa	re. Original photo	ographs only are acceptable ould be shown in the photogon	e; digitised scans	or laser copies are not	acceptable. Markings					
<ol> <li>A TI</li> </ol>	EMPORARÝ certificate	will be issued un	til the horse reaches 5 years	s (60 months) of a							
4) A PI 5) Sen	A PERMANENT Certificate will be issued upon application once the horse reaches the eligible age; Send complete copies of the importation documentation <u>and</u> <i>either</i> the ORIGINAL (will be returned to you) or a CERTIFIED copy of										
the	registration papers fr	om the approved	registry (horse must be in a	applicants name);	•						
6) NZN 7) Sen	MHA requires all horse d the completed Appl	es being transterre lication and the br	ed to be inspected by an NZ rescribed fee (refer to Tinyta	IVIHA Inspector ap ales or www.nzmh	pointed by the Registra a.co.nz) to the Registra	ar; or;					
	1	-  -	, , , , , ,		, .0	•					
Name:	(not to exceed 35 ch	aracters, including	g spaces; name may not dup	olicate that of ano	ther registered horse)						
				6 / 11 :							
-oaling	paling date: / / Please furnish copies of any/all documentation that provide proof of age.										
	-										
ex: (pl	ease tick ONE box)	Colt/Sta	ıllion 🔲 Gel	lding – Date Gel	ded / /	1					
		_		J	•						
				VEC / N.C	Factor 100	, ,					
		<b>□</b> Mare	Is Mare in Foal?	YES / NO	Foal Due	/ /					
Sire of	Foal	<b>□</b> Mare	Is Mare in Foal?	YES / NO	Foal Due	/ /					
Sire of	Foal	■ Mare	Is Mare in Foal?	YES / NO	Foal Due						
	Foal	☐ Mare	Is Mare in Foal?	YES / NO	Foal Due Reg No	/ /					
Sire of	Reg name	Mare	Is Mare in Foal?	YES / NO							
		☐ Mare	Is Mare in Foal?	YES / NO							
	Reg name		Is Mare in Foal?	YES / NO							
	Reg name Colour		Is Mare in Foal?	YES / NO							
Sire:	Reg name Colour		Is Mare in Foal?	YES / NO							
Sire:	Reg name Colour Owner at time of ser		Is Mare in Foal?	YES / NO	Reg No	Height					
Sire:	Reg name Colour Owner at time of ser		Is Mare in Foal?	YES / NO	Reg No	Height					
Sire:	Reg name  Colour  Owner at time of ser	rvice	Is Mare in Foal?	YES / NO	Reg No	Height					
	Reg name  Colour  Owner at time of ser  Reg name  Colour	rvice	Is Mare in Foal?	YES / NO	Reg No	Height					
Sire: Dam:	Reg name  Colour  Owner at time of ser  Reg name  Colour  Owner at time of ser	rvice		YES / NO	Reg No	Height					
Sire: Dam:	Reg name  Colour  Owner at time of ser  Reg name  Colour  Owner at time of ser	rvice	Dam at time of service)	YES / NO	Reg No	Height					

REVERSE SIDE MUST BE COMPLETED

Owner:	Printed Name						Phone ( )		
	Address					1 , ,			
Colour: (	please tick ONI	E box) – Not	e: NZMHA reserv	es the right for	the Regi	strar to define/dete	ermine the colour		
☐ Chest	tnut	☐ Bay		■ Black		☐ Brown	<b></b>	Buckskin	
☐ Palon	nino	☐ Cren	nello	☐ Perlino		☐ White		Grullo	
			Dun						
							_		
_				<b></b>		Other			
<u> </u>			Pinto						
Colour(s)	of Mane				Colour	(s) of Tail			
Any Distin	nguishing Marki	ngs							
	s and Brand w exact Marking		ds A		Ne	ar Side			
Hind Legs Fore Legs									
	Rear View			44	5	& B	H B	P	
my knowle	dge. I acknowle	edge that in	formation provid	ed in this appli	cation n		official publication	d correct to the best of i. Furthermore I accept	
Signatur	es:						Date:	/ /	
(all to sign)									
			parent or Guardi						
								a separate fee for this and forwarded to the	
_	day of wee								
☐ Monda	•	•	☐ Wednesday	y La Thursd	lay	Friday	Saturday	Sunday	
8-9:00a	time of day	/ 10:00am	10-11:00an	n 🔲 11-Noo	nn .	Noon-1:00pm	1-2:00nm	2-3:00pm	
3-4:00		5:00pm	5-6:00pm	11-1100	J11	■ Noon-1.oopn	1 -2.00pm	<b>2</b> -3.00pm	
		<b>F</b> '	2 2.30p						
	– 1 full body sh	not each sid	e, 1 of the head (1	CHECK from the front)		All details complete	ed		
Proof of Age Documentation included/attached						Complete copies (all sides) of import documents			
Origina Origina	ls of other regi	stry docume	ents (will be retur	ned)		Form Signed			
Correct fees included/attached									