

Name of Horse*: _____
(subject to approval by ESNZ)

ESNZ Registration Number: _____
(office use only)

Please Note:

- This form must be completed by the Owner(s), Person Responsible, or Rider (provided they are 18 years or older).
- Categories marked with * are compulsory fields and must be completed. Incomplete forms will not be approved.

Date of Birth*: ____ / ____ / ____ Country of Birth*: _____ Breeder: _____

Colour*: _____ Sex*: _____ Height*: _____ Breed: _____

Sire: _____ Dam: _____ Sire of Dam: _____

Microchip Number: _____

Head: _____

Left Fore: _____

Right Fore: _____

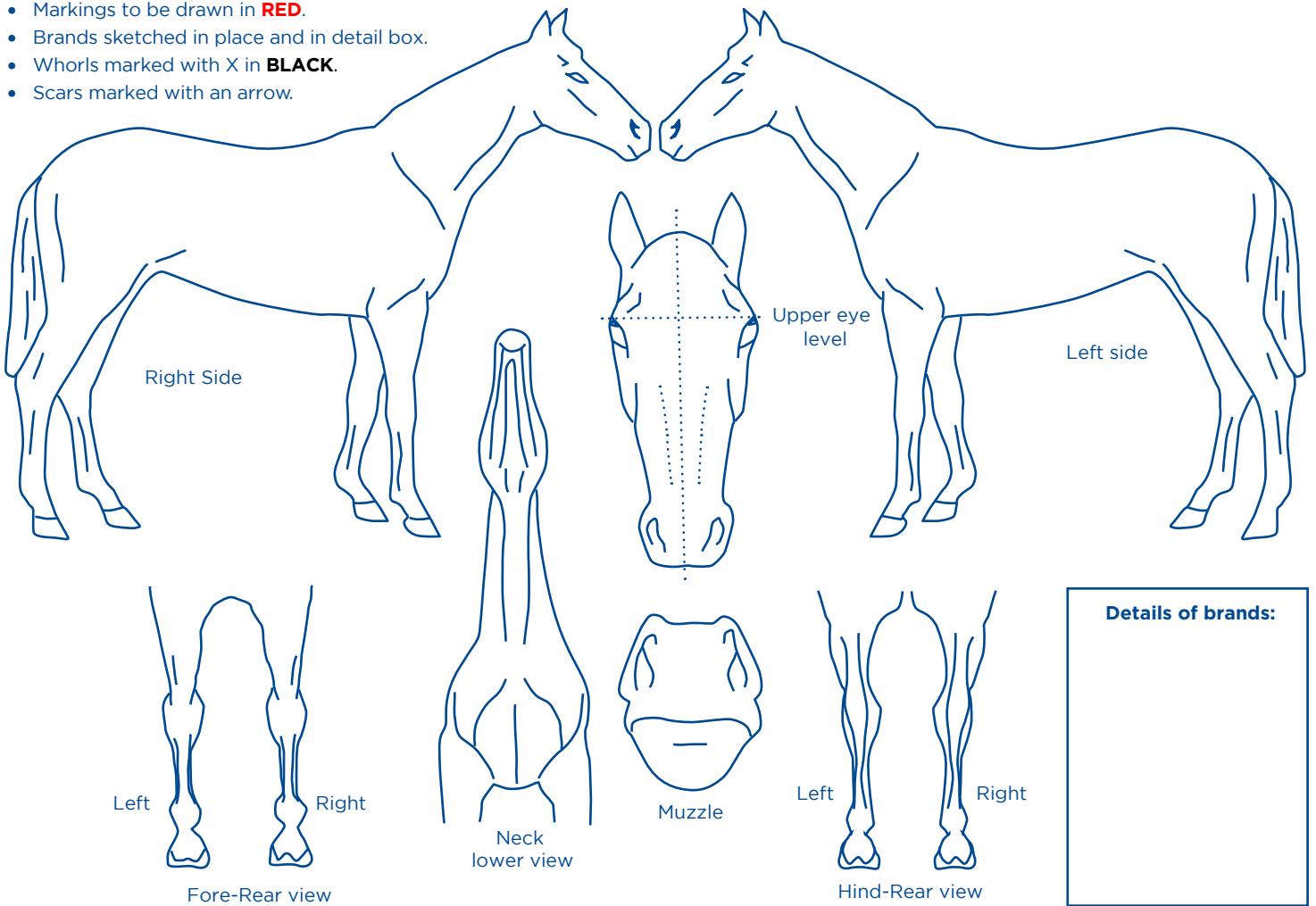
Left Hind: _____

Right Hind: _____

Body Markings: _____

Outline Diagram:*

- Markings to be drawn in **RED**.
- Brands sketched in place and in detail box.
- Whorls marked with X in **BLACK**.
- Scars marked with an arrow.



Details of brands:

Form completed by*: (please circle) Owner Person Responsible Rider

Name*: _____ **ESNZ Number*:** _____

Signature*: _____ **Date*:** ____ / ____ / ____

By signing here, I declare that the above information is correct and I have the authority to complete this form.