

Stamp of Equestrian Sports New Zealand:
Date: _____

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

ESNZ Registration Number: _____

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: ____ / ____ / ____ 7ci bhfmcZB]fh*: _____ Breeder: _____

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

Sire: _____ Dam: _____ Sire of Dam: _____

Microchip Number: _____

Head: _____

Left Fore: _____

Right Fore: _____

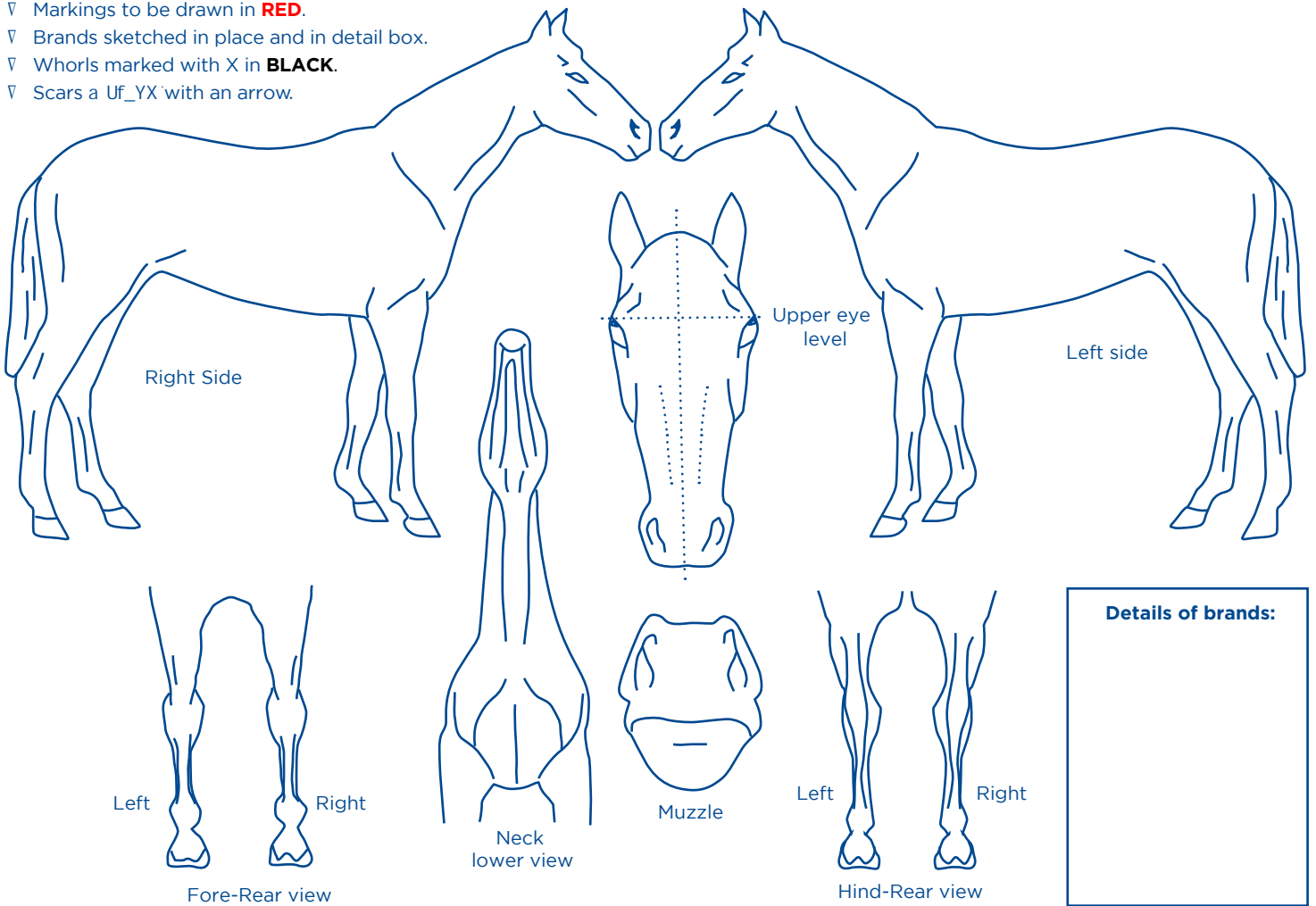
Left Hind: _____

Right Hind: _____

Body Markings: _____

Agf↑ W6[SYdS_ ,fi

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



D	aa_ b'WWW Tkfi ft YUgY' i bXF]bYE	Owner	Person Responsible	Rider
@S_ Wf	_____	7E@L @g_ TWf	_____	_____
E[Y' SfgdWf	_____	6SfWf	_____	! _____ !
6mg] [b] b' h] g' Zcfaž = 'XWUFY' hUh' hV' Uvcj Y']bZcfaUh] cb']g' VtffYVh' UbX = 'Uj Y' hV' U' hcf] hmhc' Vtad YhY' h] g' Zcfa"				