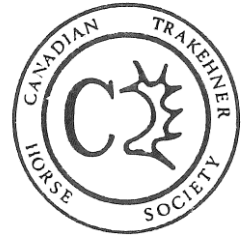


Canadian Trakehner Horse Society

P.O. Box 6009, New Hamburg, Ontario, N3A 2K6, Canada



Appendix Application for Registration Date of application _____
Day | Month | Year

Name: _____
(no more than 20 letters) 1st Choice 2nd Choice

Colour: (check one)	Bay <input type="checkbox"/>	Sorrel <input type="checkbox"/>	Dun <input type="checkbox"/>	Gray <input type="checkbox"/>	Sex: (check one)	Stallion <input type="checkbox"/>
	Chestnut <input type="checkbox"/>	Palomino <input type="checkbox"/>	Red Dun <input type="checkbox"/>	Red Roan <input type="checkbox"/>		Mare <input type="checkbox"/>
	Black <input type="checkbox"/>	Buckskin <input type="checkbox"/>	Grullo <input type="checkbox"/>	Blue Roan <input type="checkbox"/>		Gelding <input type="checkbox"/>
	Brown <input type="checkbox"/>					Spayed Mare <input type="checkbox"/>

Foaled _____ Location _____
Day | Month | Year

Sire _____ Reg. # _____

Dam _____ Reg. # _____

Breeder Name _____

Owner Name _____ owner ID. No. _____

Address _____ Town/City _____

Prov/State _____ Postal Code _____ Country _____

Telephone # _____ Email Address _____

TRANSFER OF OWNERSHIP

Sold or given to _____ purchaser ID. No., if known _____

Address _____ Town/City _____

Prov/State _____ Postal Code _____ Country _____

Date of purchase _____ Date of Delivery _____
Day | Month | Year Day | Month | Year

X _____
Signature of Owner

Please attach:

- | | |
|---|---|
| <input type="checkbox"/> Certificate of Service or Semen Report | <input type="checkbox"/> Cheque (payable to Canadian Trakehner Horse Society) |
| <input type="checkbox"/> Transfer report if applicable | <input type="checkbox"/> Other: _____ |

This horse may be for sale yes no