



CANADIAN HORSE BREEDER'S ASSOCIATION
 Incorporated under the Animal Pedigree Act, Ministry of Agriculture, Ottawa, Ontario Canada



REGISTRATION APPLICATION

Animal's name <small>(maximum 30 characters)</small>				Herd name				Sire's name				Subject's name			
1st choice															
<small>For stallion, include 2 more choices</small>				2nd choice:				3rd choice:							
Name of sire								Registration number				Colour			
Name of dam								Registration number				Colour			
Sex				Date of birth: Day Month Year											
Stallion <input type="checkbox"/>				Castration date: Day Month Year											
Mare <input type="checkbox"/>				Veterinarian's signature: _____											
Colour of animal				<input type="checkbox"/> Chestnut <input type="checkbox"/> Brown <input type="checkbox"/> Bay <input type="checkbox"/> Black <input type="checkbox"/> Other (Specify) _____											
Electronic implant number or tattoo <small>(write here)</small>				<small>(Place sticker here)</small>				If twin				Male <input type="checkbox"/>			
								indicate sex				Female <input type="checkbox"/>			
				Date:				Veterinarian's signature or witness:							
Breeding				or embryo transfer				Recovery date for embryos							
Natural <input type="checkbox"/>				If yes : regular <input type="checkbox"/>				Day / Month / Year							
Artificial <input type="checkbox"/>				manipulated <input type="checkbox"/>				_____ / _____ / _____							
Signature of owner of mare at time of foaling: _____															
Date : Day _____ Month _____ Year _____				Telephone number: _____											
Address: _____															
City: _____				Province: _____				Postal code: _____							

I hereby certify that the information herein stated is to the best of my knowledge correct and true. I acknowledge that the resulting registration may be corrected and/or cancelled according to the rules and regulations set forth in the present By-laws.

Signature: _____ Date: _____

TO BE COMPLETED IF THE ANIMAL HAS BEEN SOLD BEFORE REGISTRATION	
WE, THE UNDERSIGNED, DECLARE THAT THE ANIMAL DESCRIBED HEREIN HAS CHANGED OWNERSHIP ONLY ONCE SINCE BIRTH.	
DATE OF TRANSFER	DATE OF DELIVERY:
PREVIOUS OWNER	Signature
NEW OWNER	Complete address

DESCRIPTION

INSTRUCTION: PLEASE PRINT INDICATE IN RED, THE LOCATION OF ALL COWLICKS AND WHORLS.
 DRAW AND DESCRIBE ALL COWLICKS AND WHORLS, INDICATE IN BLUE OR BLACK, ALL WHITE MARKINGS.
 ALL PERMANENT AND PECULIAR MARKS MUST ALSO BE INDICATED.

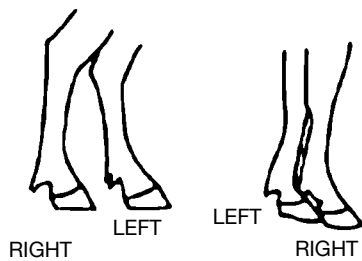
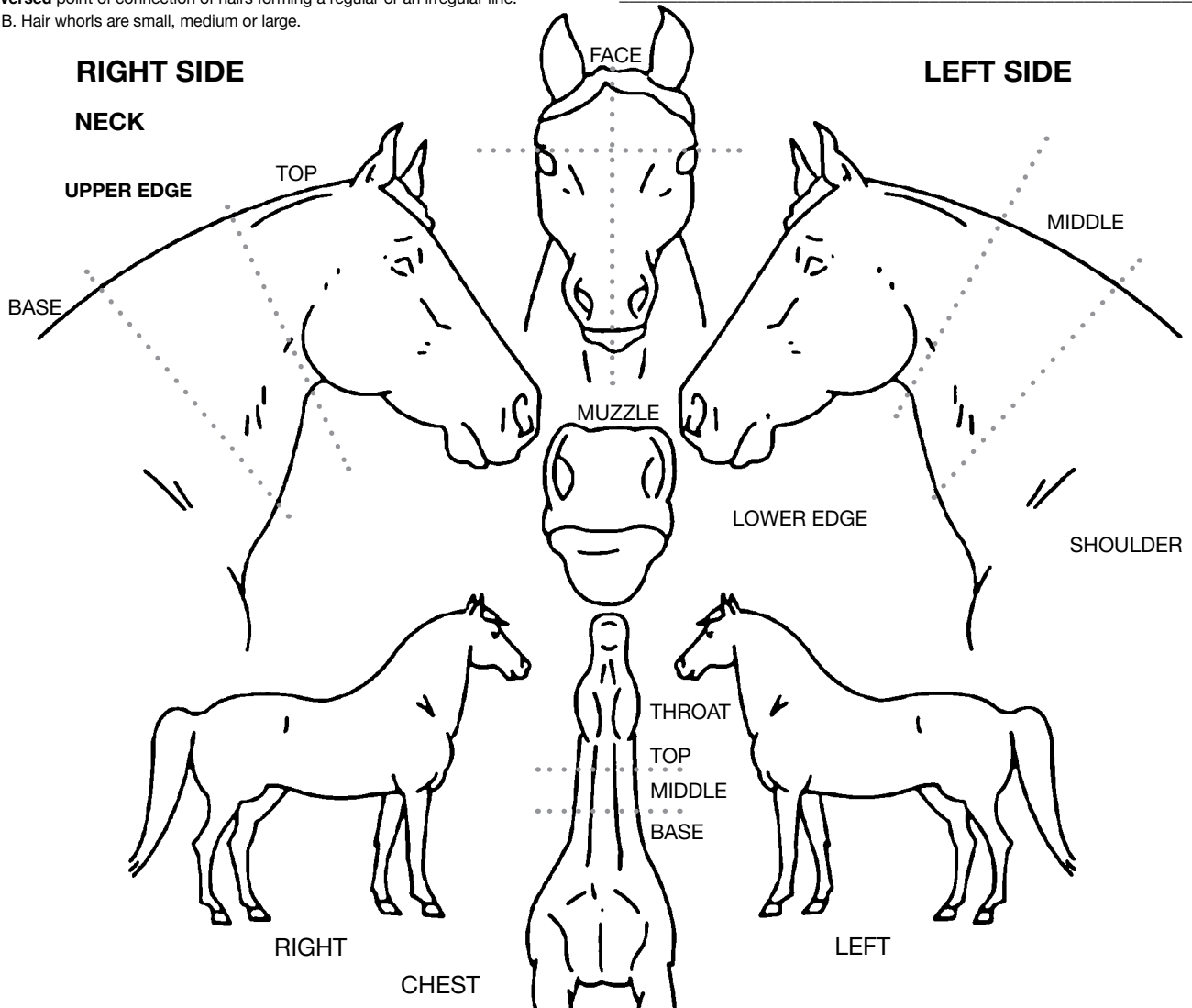
<input type="checkbox"/> FACE _____ <input type="checkbox"/> HEAD _____ <input type="checkbox"/> HEAD <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT _____ <input type="checkbox"/> NECK <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT _____ <input type="checkbox"/> THROAT <input type="checkbox"/> TOP <input type="checkbox"/> MIDDLE <input type="checkbox"/> BASE _____ <input type="checkbox"/> CHEST _____	<input type="checkbox"/> HEAD _____ <input type="checkbox"/> LEFT FORE _____ <input type="checkbox"/> RIGHT FORE _____ <input type="checkbox"/> LEFT HIND _____ <input type="checkbox"/> RIGHT HIND _____ <input type="checkbox"/> SCARS, BRANDS, MARKS _____
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COWLICKS: Point of departure or connection of hairs, **Radial** with hairs falling in a straight line. **Circular left** or **circular right** depending on the direction in which the hairs fall. **Closed** or **button** if the hairs meet at one point.

HAIR WHORLS: **Open** or **fanned** separation of hairs forming a line. **Closed** or **reversed** point of connection of hairs forming a regular or an irregular line.

N.B. Hair whorls are small, medium or large.

NOTES _____



FRONT VIEW		BACK VIEW	
FORE	HIND	FORE	HIND

