

APPLICATION FOR REGISTRATION EXMOOR PONY GENERAL STUD AND HERD BOOK

97exmoorponyregapp.cdr/server

MAIL TO: CANADIAN LIVESTOCK RECORDS CORPORATION, 2417 HOLLY LANE, OTTAWA, ON K1V 0M7

All signatures must be in ink. ALL INFORMATION MUST BE FILLED IN, PRINTED IN INK OR TYPEWRITTEN. TO AVOID UNNECESSARY DELAY, PLEASE CHECK THIS APPLICATION FOR ERRORS AND OMISSIONS BEFORE SUBMITTING IT.

Name of Animal (Not more than 25 letters including spaces and punctuation)	Leave blank
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Date of Birth: Day Month Year	Castration Date, if gelded: Day Month Year
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Sex (check appropriate box) Male <input type="checkbox"/> Female <input type="checkbox"/> Gelding <input type="checkbox"/>	Sex of twin, if any (check appropriate box) Male <input type="checkbox"/> Female <input type="checkbox"/> Gelding <input type="checkbox"/>
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PERMANENT ID (Tattoo, Brand, Microchip):	PONY COLOUR: Body: Bay <input type="checkbox"/> Brown <input type="checkbox"/> Dun <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Points (lower legs, mane & tail) Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/>
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MEALY MARKINGS: Well defined <input type="checkbox"/>	Sufficient <input type="checkbox"/>	Poorly defined/grey <input type="checkbox"/>
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WHITE MARKS:						
Face:	None <input type="checkbox"/>	Few white hairs at whorl <input type="checkbox"/>	Snip <input type="checkbox"/>	Star <input type="checkbox"/>	Blaze <input type="checkbox"/>	Strip <input type="checkbox"/> Other _____
Body:	None <input type="checkbox"/>	White hairs throughout coat <input type="checkbox"/>	Other _____			

Hooves: (Soles):	None <input type="checkbox"/>	LF Partial <input type="checkbox"/>	Whole <input type="checkbox"/>	(Walls):	None <input type="checkbox"/>	LF Partial <input type="checkbox"/>	Whole <input type="checkbox"/>
	None <input type="checkbox"/>	RF Partial <input type="checkbox"/>	Whole <input type="checkbox"/>		None <input type="checkbox"/>	RF Partial <input type="checkbox"/>	Whole <input type="checkbox"/>
	None <input type="checkbox"/>	LH Partial <input type="checkbox"/>	Whole <input type="checkbox"/>		None <input type="checkbox"/>	LH Partial <input type="checkbox"/>	Whole <input type="checkbox"/>
	None <input type="checkbox"/>	RH Partial <input type="checkbox"/>	Whole <input type="checkbox"/>		None <input type="checkbox"/>	RH Partial <input type="checkbox"/>	Whole <input type="checkbox"/>
(Legs):	None <input type="checkbox"/>	LF Partial <input type="checkbox"/>	Whole <input type="checkbox"/>	Mane:	None <input type="checkbox"/>	Cluster of white hairs <input type="checkbox"/>	
	None <input type="checkbox"/>	RF Partial <input type="checkbox"/>	Whole <input type="checkbox"/>	Tail:	None <input type="checkbox"/>	Cluster of white hairs <input type="checkbox"/>	
	None <input type="checkbox"/>	LH Partial <input type="checkbox"/>	Whole <input type="checkbox"/>				
	None <input type="checkbox"/>	RH Partial <input type="checkbox"/>	Whole <input type="checkbox"/>				

Jaw:	Parrot mouthed (undershot) (lower jaw shorter) <input type="checkbox"/>	Bulldog (overshot) (upper jaw shorter) <input type="checkbox"/>
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Hernias:	Umbilical <input type="checkbox"/>	Scrotal <input type="checkbox"/>	Inguinal <input type="checkbox"/>	Other: _____
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Please indicate whorls (mark with an "X") and white marks on the diagram below.

Name of Sire	Canadian No.	American No.
Name of Dam	Canadian No.	American No.

Name and Address of Breeder including postal code (owner or lessee of dam at time of conception of above described animal)	ID. No.
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Name and Address of Owner at Birth including postal code (owner or lessee of dam when she gave birth to above described animal)	ID. No.
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Name and Address of Importer including postal code	ID. No.
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I hereby declare that the information here is to the best of my knowledge and belief true.	Signature of owner at birth or importer. X	Date on which Importer purchased animal Day Month Year
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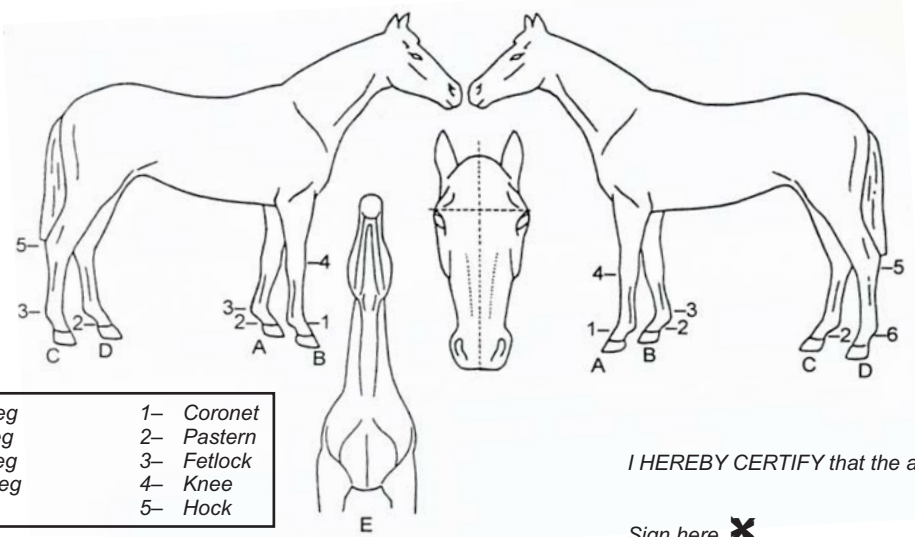
CERTIFICATE OF SERVICE (fill in below or attach service report unless service already recorded on dam's certificate)		
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I declare that the above named dam was served by the above named sire on	Day	Month	Year
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OR the above named dam was exposed to the above named sire FROM	Day	Month	Year
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TO	Day	Month	Year	Signature of owner of sire at time of service X	ID. NO.
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IF ANIMAL SOLD, ATTACH COMPLETED AND SIGNED TRANSFER APPLICATION FORM.
 All fees must accompany the application and should be sent by money order or cheque made payable to Canadian Livestock Records Corporation. DO NOT REMIT CASH. WE ACCEPT VISA, MASTER CARD and AMERICAN EXPRESS.
 Please refer to current schedule of fees.



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|--------------------------|------------|
| A- Left or near fore leg | 1- Coronet |
| B- Right or off fore leg | 2- Pastern |
| C- Right or off hind leg | 3- Fetlock |
| D- Left or near hind leg | 4- Knee |
| E- Neck, lower view | 5- Hock |

I HEREBY CERTIFY that the above information is correct:

Sign here **X**