

APPLICATION FOR STUD BOOK ENTRY AND EVALUATION

Canadian Livestock Records Corporation,
2417 Holly Lane, Ottawa, ON K1V 0M7

Date of Issue _____

CANADIAN



WARMBLOOD

27evaluationapp.cdr

- Note:** - Before inspection, complete checklist and sections 1,2,3 and 4.
 - For previously entered or CWHBA registered horses, complete only checklist and sections 1 and 4.
 - Minimum age: Stallions-2 years, Mares-2 years.

<input checked="" type="checkbox"/> Please check before inspection: <input type="checkbox"/> Original certificate of registration must accompany horse to inspection. <input type="checkbox"/> Attach original registration certificate to this form (CWHBA registered horses only).	<p style="text-align: center;">- OR -</p> <input type="checkbox"/> Attach copy of registration certificate showing current ownership (non CWHBA registered horses only). <p style="text-align: center;">- AND -</p> <input type="checkbox"/> Attach previous test or inspection results, if any. <input type="checkbox"/> Fees paid in full. <input type="checkbox"/> All signatures must be in ink.	Leave Blank, (Approval #) Breeding Season (Year) Microchip #
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1	Name and address of horse owner:		
	ID No.	Date horse purchased by owner (if applicable) Day Month Year	DNA Profile Number <input type="checkbox"/> Hair Sample Attached
2	Name of horse (not more than 30 characters, including spaces):		
	Registration #, if any :	Name of Registry:	Breed
	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Gelding <input type="checkbox"/>		Castration Date, if gelded: Day Month Year
3	Body Colour:	Dark Brown <input type="checkbox"/> Brown <input type="checkbox"/> Bay <input type="checkbox"/> Light Bay <input type="checkbox"/> Dark Chestnut <input type="checkbox"/> Chestnut <input type="checkbox"/> Grey <input type="checkbox"/> Dun <input type="checkbox"/>	
	Black BL <input type="checkbox"/> DB <input type="checkbox"/> BR <input type="checkbox"/> BA <input type="checkbox"/> LB <input type="checkbox"/> DC <input type="checkbox"/> CH <input type="checkbox"/> GR <input type="checkbox"/> DU <input type="checkbox"/>		
	Markings, cowlicks and whorls:		
4	Birth Date:	Date of Death:	Sex of Twin, if any:
	Day Month Year	Day Month Year	Male <input type="checkbox"/> Female <input type="checkbox"/> Gelding <input type="checkbox"/>
5	Sire's Name	Reg. # / Approval #	Registry
	Dam's Name		
6	I hereby declare that the information herein is to the best of my knowledge and belief true.		Signature of Owner X

Classification (1-10)	Conformation Subscores	COMMENTS:
Breed & Sex Type	Head	
Adjusted Conformation	Neck	
Correctness of Gaits	Saddle Position	
Swing & Elasticity of Gaits	Frame	
Walk	Forelegs	
Jumping Average	Hindlegs	
a) Scope	Conformation Subtotal	
b) Technique	Adjusted Conformation	
Gallop		
General Impression & Development		
Total Score		
Overall Score		

INTERPRETATION OF SCORES: 10 = Excellent 9 = Very Good 8 = Good
 7 = Fairly Good 6 = Satisfactory 5 = Sufficient 4 = Insufficient
 3 = Rather Bad 2 = Bad 1 = Very Bad

I hereby certify that the above named horse qualifies for entry in the following stud book division:
 Stallion Book(s) Main Mare Book (MM) Mare Book (M) Pre-Mare Book I (PI) Pre-Mare Book II (P2) Auxiliary Book (A)

NAME OF INSPECTOR _____ **X** _____
 (Please print) Signature of Inspector
 Date of Inspection _____
 Date of Approval _____ **X** _____
 Signature of Stud Book Committee Member