

Date: / /

Venue:

SHOW HORSE COUNCIL OF AUSTRALASIA INC.

ABN 51 590 953 920

APPLICATION FOR PROVISIONAL OR ANNUAL MEASUREMENT

I/We the undersigned hereby make application to have the horse/galloway/pony detailed below measured in accordance with the SHC Measuring Scheme Rules and declare that we have read, understood and agree to abide by these rules.

NATIONAL SADDLE HORSE REGISTERED HORSES: FEES: Provisional & Annual : \$15.

HORSES HOLDING REGISTRATION/S OTHER THAN N.S.H.R.: FEES: Provisional & Annual : \$25.

NAME OF HORSE:

REGISTERED WITH:REG. NO:

SEX:COLOUR:FOALING DATE:

BRANDS:

Please draw as visible on the horse.

| | |
|-----|-----|
| N/S | O/S |
|-----|-----|

MARKINGS:

M/Chip No: (If applicable).....

NAME OF OWNER:

ADDRESS OF OWNER:

..... P/CODE: Ph.

Tick Box - a) or b)

a) The horse detailed above DOES NOT HOLD a current Provisional or Annual measurement issued by the SHC or any other Organisation or Breed Society.

b) The horse detailed above DOES HOLD a CURRENT MEASUREMENT Issued by at the height of (Organisation or Breed Society)

| |
|--------------------------|
| If SHC Cert. No. & Date: |
| |

Print name of applicant

Signature as Owner/Lessee/Agent:

This form is to be completed in all respects & presented for Measurement with Registration Papers & appropriate fee

OFFICE USE ONLY

Please Print Clearly

Measurer's Signature

Card Issued

| |
|---|
| If required to return - 1st Measure: Time:..... Height:..... Comment..... Measurer..... |
|---|

| |
|--|
| Measurer: SHC Representative: |
|--|

| |
|----------------------------------|
| Provisional or Annual |
|----------------------------------|

| |
|---|
| If required to return – 2nd Measure: Time:..... Height:..... Comment..... Measurer..... |
|---|

| |
|--|
| Receipt Issued & Stewards Sign. Receipt No: Steward: |
|--|

| |
|--|
| Height Issued At:hhcm. |
|--|