

SHOW HORSE COUNCIL OF AUSTRALASIA INC.

ABN 51 590 953 920

**APPLICATION FOR REPLACEMENT OF
OFFICIAL SHCA CERTIFICATE OF HEIGHT**

Date: / /

I/We hereby make application for Replacement of the Official SHCA Measuring Certificate issued for the Horse:

(Name of Horse) _____ Reg. No. _____

Venue Measured: _____ Date: _____

Height recorded: _____

No. Certificate Issued: _____

ANNUAL Yes / No

LIFE Yes / No

Reason Replacement required:

FEE – Replacement NSH measuring card: \$15

DETAILS OF HORSE

SEX: COLOUR: FOALING DATE:

BRANDS: Please draw
as visible on the horse.

Near Side	Off Side
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M/Chip No: (If applicable).....

NAME OF OWNER:

ADDRESS OF OWNER:

..... P/CODE: Ph.

I/We declare to have read and understand the SHC Measuring Scheme Rules & agree to abide by the Rules & Regulations which apply to any Horse/Galloway/Pony measured under this Scheme.
All information supplied by the Applicant shall be true & correct..

Signature of Owner/Lessee/Agent:

Return completed Form & Applicable Fee to the Registrar, SHCA, PO Box 776, Richmond, NSW, 2753
Website www.showhorsecouncilaustr.com.au

OFFICE USE ONLY

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..... Cm.