



# QUEENSLAND PINTO HORSE ASSOCIATION INC.

(Established 1975)



## APPLICATION FOR COLT UNDER 2YR REGISTRATION

Name PREFIX or SUFFIX: \_\_\_\_\_ 1. \_\_\_\_\_  
 FEE:- Colt foal recording \$25.00 – to be upgraded to Stallion or Gelding on attaining 2 years of age. \_\_\_\_\_ 2. \_\_\_\_\_  
 Please note: Maximum length of name is 30 letters including stud prefix and spaces. \_\_\_\_\_ 3. \_\_\_\_\_

### PHYSICAL DETAILS:

SEX:(Stallion, Mare, Gelding) \_\_\_\_\_ SIZE:(at present) hands \_\_\_\_\_ inches \_\_\_\_\_

PATTERN: Tobiano \_\_\_\_\_ Overo \_\_\_\_\_ Tobero \_\_\_\_\_ Sabino \_\_\_\_\_ COLOUR: \_\_\_\_\_  
 (please tick appropriate )

BRAND DESCRIPTION and POSITION: \_\_\_\_\_ FOALING DATE: \_\_\_\_\_

PINTO FOAL RECORDED:(please tick) YES \_\_\_\_\_ NO \_\_\_\_\_

### If Registered with any other society:

NAME OF SOCIETY: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_

**\*\*\*Photocopy of other Breed Registration Certificate must be attached to application\*\*\***

BRED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

### PHOTOGRAPHS: 2 each side, 1 full front view, 1 full rear view.

**\*\*Photographs must be enclosed with application\*\***

### ANCESTRY: (If Known)

Fill in ancestry only if authentication documents can be produced, eg: stallion service certificate etc. If sire or dam is registered with other horse societies, please note society and registration number below.

**\*\*\*Photocopy of relevant documents must be attached to application\*\*\***

SIRE: \_\_\_\_\_

SIRE: \_\_\_\_\_

Colour: \_\_\_\_\_ Pattern: \_\_\_\_\_

Colour: \_\_\_\_\_ Pattern: \_\_\_\_\_

Registered with: \_\_\_\_\_ Registration: \_\_\_\_\_  
 Horse Society Number

DAM: \_\_\_\_\_

Colour: \_\_\_\_\_ Pattern: \_\_\_\_\_

DAM: \_\_\_\_\_

SIRE: \_\_\_\_\_

Colour: \_\_\_\_\_ Pattern: \_\_\_\_\_

Colour: \_\_\_\_\_ Pattern: \_\_\_\_\_

Registered with: \_\_\_\_\_ Registration: \_\_\_\_\_  
 Horse Society Number

DAM: \_\_\_\_\_

Colour: \_\_\_\_\_ Pattern: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

OWNERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN'S SIGNATURE (if under 18yrs) \_\_\_\_\_ DATE: \_\_\_\_\_

CERTIFICATION: I believe the above information is correct to the best of my knowledge.

**PLEASE RETURN COMPLETED FORM TO: Email: [qldpintos@gmail.com](mailto:qldpintos@gmail.com)**

OR POST MAIL: The Secretary, Q.P.H.A. Inc., 84 Bassett Rd, Burpengary, Qld, 4505.