

**APPLICATION FOR THE REGISTRATION OF A HAFLINGER AND
A HAFLINGER PASSPORT, This form is only for Haflingers born in Great Britain**

Stud Book Manager
Mrs Donna Sutton
18 River Drive
March
Cambridgeshire, PE15 9AB

haflingersocietygb@gmail.com

For Office use only ULN 82606530000 _____

This form must be completed and returned to the Stud Book Manager together with the drawings and markings page completed and a head photograph of the animal showing the face marking. It is preferable for your vet to fill out the drawing and description of markings which will be photocopied into the passport and accompany the animal for life. *Do not fill in the adult colour and measurements. **Animals must be registered by 31st October in the year they foaled or within 6 months of their birth, whichever is later, to comply with DEFRA regulations.***

Name _____ Prefix * _____

* Prefix must be registered with the Society

Date foaled: Day _____ Month _____ Year _____

Sex _____ If colt is to be considered for stallion assessment, please delete as necessary YES / NO

Microchip number _____

Sire: Name _____ Reg No _____

Dam: Name _____ Reg no _____

Breeders name _____

Address (Including country and post code) _____

Telephone Number _____ e-mail address _____

Owner (if different to the Breeder) _____

Address (Including country and post code) _____

Telephone Number _____ e-mail address _____

Signature of owner _____ Date _____

Please enclose / send.

1. Covering Certificate or AI Insemination Certificate
2. 2 x photographs of head markings
3. £30 (double for non-members) payment to the Haflinger Society of GB account – Sort code 54-21-50, account number 30026385

By signing above I/we give consent to my/our personal data being held and processed by HSGB in accordance with the General Data Protection Legislation 2018. Registered No. 4548232, Charity No. 1100783

DATA PROTECTION ACT: Information supplied on this form will be passed by the Haflinger Society of Great Britain to the Central Equine Database, as required by the Passport Legislation, and published in the Stud Book

MICROCHIP CONFIRMATION DETAILS

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It is compulsory to have veterinary surgeon complete this form

Horses Name _____

Microchip Number _____

Owner: Mr/Mrs/Miss _____

Address (Including country and post code) _____

I certify that the microchip number recorded above is identical to the microchip number implanted in (horses name):

The microchip number recorded in this horses passport is also identical to the number recorded above and confirms that this the correct passport for this horse.

Veterinary surgeons name: _____

Address (Including country and post code) _____

Veterinary surgeons signature _____

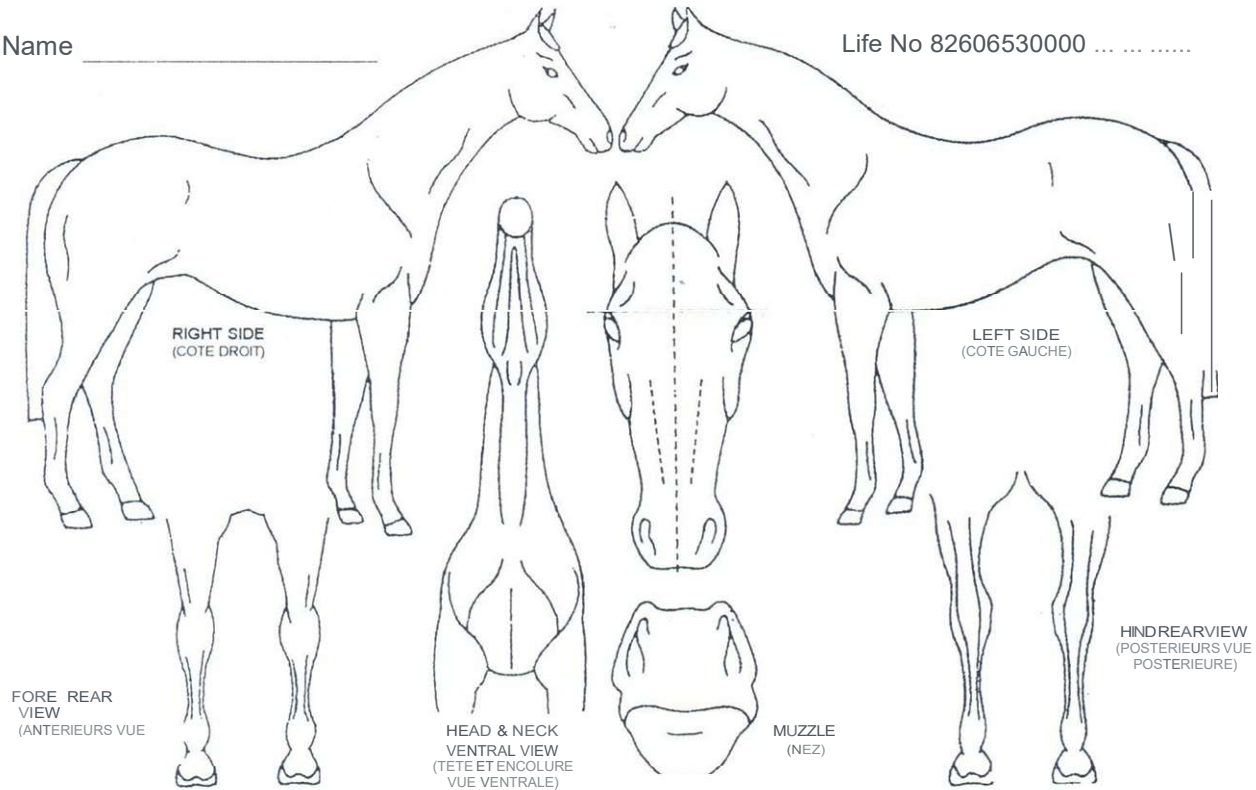
Veterinary surgeons stamp

CERTIFICATE OF AGE AND MARKINGS

1. Written description should be typed or written in block capitals
2. Written description and diagram should agree
3. All markings should be hatched in red
4. Whorls must be shown thus "X" and described below in detail

Name _____

Life No 82606530000



Name of Haflinger		Foal colour (Robe Poulain)				
Sex		Adult colour				
Date of Birth (Annee) / /	Adult Measurements: Withers Girth Bone					
Head (Tete)						
Neck (Encolure)						
Legs (Jambes)		L.F. (A.G.)				
		R.F. (A.O.)				
		L.H. (P.G.)				
		R.H. (P.O.)				
Body (Corps)						
Marks	Foal Brand	Edelweiss	Freeze Mark	Other	DNA	Microchip Number
Date / /		Signature of Breeder/Registrar				Signature & Stamp of Vet or competent authority
Name & Address (in block letters)						

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