

Holsteiner Horse Association of New Zealand Inc.

Classification Tour Application Form

NAME OF OWNER _____ DATE _____

SIRE _____ Breed _____

NAME OF HORSE _____

DAM _____ Breed _____

STUD PREFIX _____

REGISTRATION NO. _____

Or (tick) _____ I Have recently applied for registration of this horse

CLASSIFICATION FOR: Please tick below which classification you will be applying for.

___ **FOAL** Colt/Filly/Gelding

___ **YEARLING** Colt/Filly/Gelding (circle one)

___ **2 YEAR OLD** Colt/Filly/Gelding

___ **FOUNDATION MARE** (TB or Anglo Arab with traceable pedigree or these crossed with Holsteiner *)

___ **HOLSTEINER HORSE** Colt/Mare/Gelding (circle one) Option of free jumping and/or ridden section of the classification (please circle) **YES/NO**

___ **STALLION**

CLASSIFICATION VENUE While HHANZ will make every endeavour to hold classifications in convenient locations, there are time and cost constraints. We may have to centralise venues and some members may have to travel to present their horses. Ideally HHANZ would like there to be a minimum of 10 horses presented at each classification venue. Please fill in below the most suitable region and venue available to you. Please note that this may involve contacting other Holsteiner breeders in your area to meet the number requirements. A venue must have an arena of suitable size (minimum of 20m x 40m) with good footing and good fencing for free running horses.

Region _____

Venue _____

Would you be prepared to help the tour convenor in organising in your area? **YES/NO**

If it proves impossible to visit your preferred venue, would you be prepared to travel to a neighbouring venue in your region? **YES/NO**

*certain European and North American warm bloods may be accepted. Apply committee)

MARKINGS

(Please write in below all white markings i.e. sock, stocking, blaze, star etc. Or NIL if no markings)

LEFT FRONT _____

RIGHT FRONT _____

LEFT HIND _____

RIGHT HIND _____

FACE _____

MICROCHIP NO. _____

HORSE IDENTIFICATION:

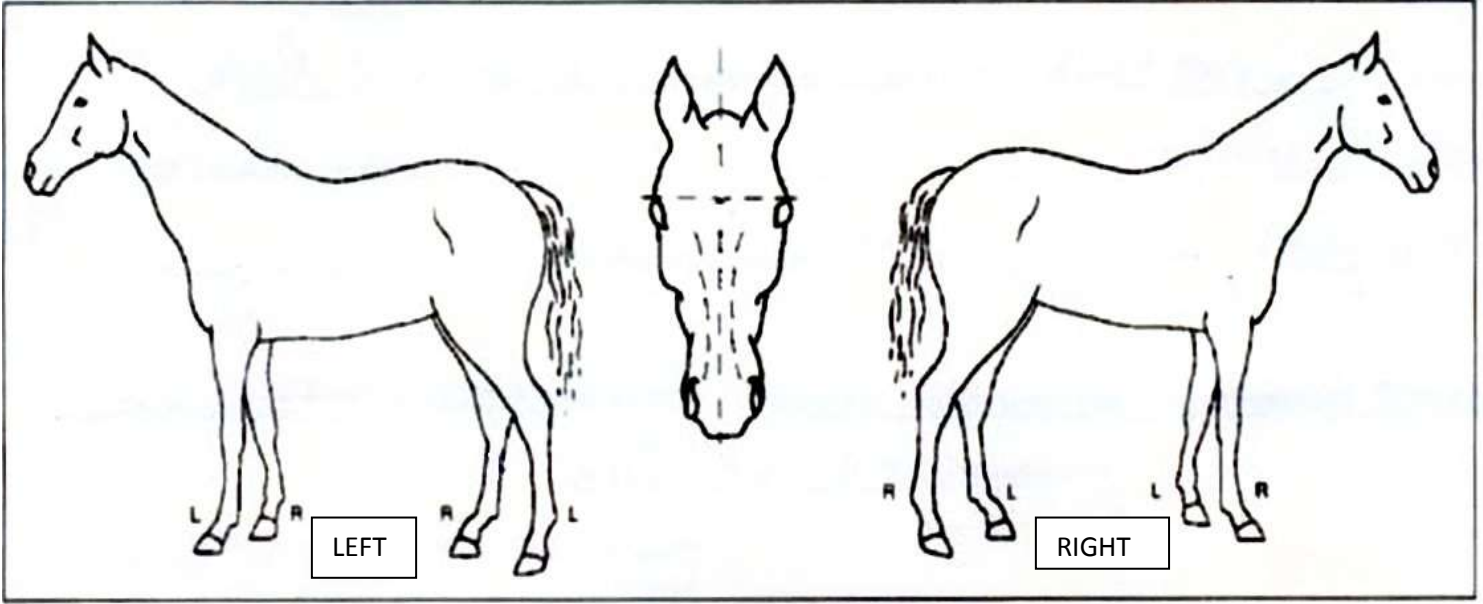
In diagram please fill in markings with:-

All white markings in **RED** pen. i.e. sock, stocking, blaze, star etc.

All whorls in **BLUE** as **X**. (Please try to provide at least 4)

Scars to be marked as ⇨

Also please include **all brands** on the diagram.



OWNER DETAILS

NAME OF OWNER _____

ADDRESS (Road/Street) _____

(Town) _____

(Region) _____

PHONE _____

CELL PHONE _____

E-MAIL _____

FAX _____

BREEDER DETAILS

NAME OF BREEDER _____

ADDRESS (Road/Street) _____

(Town) _____

(Region) _____

PHONE _____

CELL PHONE _____

E-MAIL _____

FAX _____

ENQUIRIES TO THE REGISTRAR: Louise Dunn E-mail: adlou@xtra.co.nz

P O Box 487, Drury 2247. Phone: 021 766 253 07 826 7663

PREREGISTRATION

Before a horse can be Classified and Registered in the Studbook, it must be Preregistered. This involves a Veterinarian establishing the identity of the horse and checking the markings, DNA sampling and permanently and uniquely marking by Microchipping or Branding. (see rules for details) It is desirable that the DNA results are available at the time of Classification. (Please tick below)

- I have attached a photocopy of my horses HHANZ or HHAANZ Registration Certificate and will present the original at Classification.
- I have applied for preregistration for my horse on _____(date) and await a reply.

CONDITIONS OF CLASSIFICATION

Please read and sign below.

I understand that it may not be possible for classifications to take part in all regions. There will be no refunds given if I am unable to attend unless approved by the committee of HHANZ. If the tour is not able to take place in the region of my request and I am unable to travel to the next closest classification venue, then my application and fee will be held over until the next suitable classification tour, or may be withdrawn and refunded by application by you to the committee.

I understand that any fees (if any) for the classification venue or fees relating to any veterinarian charges relating to sedation or branding shall be a cost to myself and those others using the facility and service. Fees should be settled directly with the venue organiser or the veterinarian concerned.

I understand that the HHANZ will not be held responsible in any way for loss, injury or damage to any person, property or horse during the period of classification. I acknowledge that I am at all times responsible for the welfare of my horse being presented for classification.

I **DO/DO NOT** agree to have my name and my horses' name along with scores and photos obtained at this classification used by HHANZ for their website, newsletter or in press releases.

Please sign that you agree with these conditions.

SIGNATURE _____ **DATE** _____

CHECK LIST Have you included: Verification of Pedigree Forms for fees payable

SEND TO THE REGISTRAR: To: The Registrar **Louise Dunn**
 E-mail: adlou@xtra.co.nz P O Box 487, Drury 2247.
 Phone: 021 766 253 07 826 7663