

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

Assistant Registrar Mrs Leah Tolley Upper Birch Farm, Shatterford, Bewdley Worcestershire, DY12 1TR

haflingersocietygb@gmail.com

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	ne Society					
Date foaled: Day	Month	Year				
SexIf colt is t	o be considered for stall	ion assessment, please	delete as necessary YES / NO			
Microchip number						
Sire: Name		Reg No				
Dam: Name			Reg no			
Breeders name						
Address (<i>Including country c</i>	and post code)					
Telephone Number		e-mail address				
Owner (if different to the Bi	reeder)					
Address (<i>Including country c</i>	and post code)					
Signature of owner		Date				

Please enclose / send.

- 1. Covering Certificate or Al 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

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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For Office use only	ULN 82606530000
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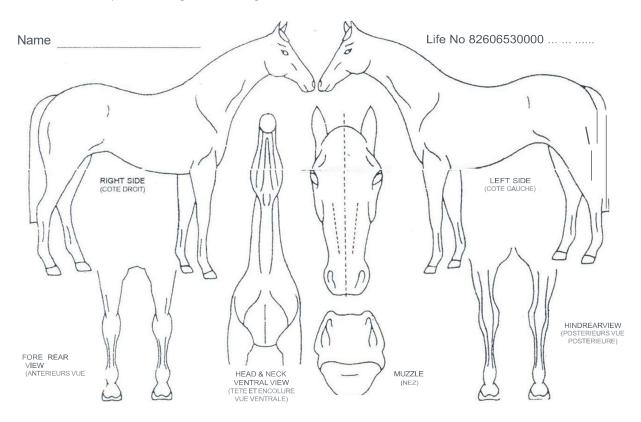
It is compulsory to have veterinary surgeon complete this form

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 of Haflinger			Foal colour (Robe Poulai	Foal colour (Robe Poulain)					
			Adult colou	Adult colour					
Sex	Date of Birth	(Annee)	Adult Measu	rements:	Withers	-	Girth	Bone	
	1	I							
Head (Tete)									
Neck (Encolure)									
(Encorare)									
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		
Dale /	Signature of Breeder/Registrar						Signature & Stamp o	f Vet or competent authority	
Name & Address (In block letters)									

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