



**CANADIAN HORSE BREEDER'S ASSOCIATION**  
 Incorporated under the Animal Pedigree Act, Ministry of Agriculture, Ottawa, Ontario Canada



## REGISTRATION APPLICATION

<b>Animal's name</b> (maximum 30 characters)				<b>Herd name</b>				<b>Sire's name</b>				<b>Subject's name</b>			
<b>1<sup>st</sup> choice</b>															
For stallion, include 2 more choices				<b>2<sup>nd</sup> choice:</b>				<b>3<sup>rd</sup> choice:</b>							
<b>Name of sire</b>								<b>Registration number</b>				<b>Colour</b>			
<b>Name of dam</b>								<b>Registration number</b>				<b>Colour</b>			
<b>Sex</b>				Date of birth:                      Day                      Month                      Year											
Stallion <input type="checkbox"/>				Castration date:                      Day                      Month                      Year											
Mare <input type="checkbox"/>				Veterinarian's signature: _____											
<b>Colour of animal</b>				<input type="checkbox"/> Chestnut <input type="checkbox"/> Brown <input type="checkbox"/> Bay <input type="checkbox"/> Black <input type="checkbox"/> Other (Specify) _____											
<b>Electronic implant number or tattoo</b> (write here)				(Place sticker here)				If twin indicate sex of the other				Male <input type="checkbox"/> Female <input type="checkbox"/>			
				<b>Date:</b>				<b>Veterinarian's signature or witness:</b>							
<b>Breeding</b>				<b>or embryo transfer</b>				<b>Recovery date for embryos</b>							
Natural <input type="checkbox"/>				If yes : regular <input type="checkbox"/>				Day    /    Month    /    Year							
Artificial <input type="checkbox"/>				manipulated <input type="checkbox"/>				_____ / _____ / _____							
Signature of owner of mare at time of foaling: _____															
Date : Day _____ Month _____ Year _____				Telephone number: _____											
Address: _____															
City: _____				Province: _____				Postal code: _____							

I hereby certify that the information herein stated is to the best of my knowledge correct and true. I acknowledge that the resulting registration may be corrected and/or cancelled according to the rules and regulations set forth in the present By-laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED IF THE ANIMAL HAS BEEN SOLD BEFORE REGISTRATION

WE, THE UNDERSIGNED, DECLARE THAT THE ANIMAL DESCRIBED HEREIN HAS CHANGED OWNERSHIP ONLY ONCE SINCE BIRTH.

DATE OF TRANSFER		DATE OF DELIVERY:
PREVIOUS OWNER	Signature	
NEW OWNER		
	Complete address	

# DESCRIPTION

INSTRUCTION: PLEASE PRINT INDICATE IN RED, THE LOCATION OF ALL COWLICKS AND WHORLS.  
 DRAW AND DESCRIBE ALL COWLICKS AND WHORLS, INDICATE IN BLUE OR BLACK, ALL WHITE MARKINGS.  
 ALL PERMANENT AND PECULIAR MARKS MUST ALSO BE INDICATED.

<input type="checkbox"/> FACE _____ <input type="checkbox"/> HEAD _____ <input type="checkbox"/> NECK _____ <input type="checkbox"/> THROAT _____ <input type="checkbox"/> CHEST _____ <input type="checkbox"/> LEFT _____ <input type="checkbox"/> RIGHT _____ <input type="checkbox"/> LEFT _____ <input type="checkbox"/> RIGHT _____ <input type="checkbox"/> TOP _____ <input type="checkbox"/> MIDDLE _____ <input type="checkbox"/> BASE _____	<input type="checkbox"/> HEAD _____ <input type="checkbox"/> LEFT FORE _____ <input type="checkbox"/> RIGHT FORE _____ <input type="checkbox"/> LEFT HIND _____ <input type="checkbox"/> RIGHT HIND _____ <input type="checkbox"/> SCARS, BRANDS, MARKS _____ NOTES _____ _____ _____
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**COWLICKS:** Point of departure or connection of hairs, **Radial** with hairs falling in a straight line. **Circular left** or **circular right** depending on the direction in which the hairs fall. **Closed** or **button** if the hairs meet at one point.  
**HAIR WHORLS:** **Open** or **fanned** separation of hairs forming a line. **Closed** or **reversed** point of connection of hairs forming a regular or an irregular line.  
 N.B. Hair whorls are small, medium or large.

