

Equestrian Queensland Transfer of Base Horse Registration PO Box 1358 COORPAROO DC QLD 4151 Ph: 07 3891 6611 FAX: 07 3891 3088



Applications can only be accepted from current EA Members.

EA REGISTRATION No		NAME OF HORSE
EA REGISTRATION NO		NAME OF HORSE
PLEASE LIST THE NAMES AND ADD	DRESSES OF ALL NEW OWNERS	
NEW PRIMARY OWNER'S NAME	THE STATE OF THE TOTAL OF THE T	EA MEMBER NO.
NEW PRIMARY OWNER'S POSTAL A	ADDRESS	
SUBURB		POST CODE
3080/18		POST CODE
Phone:	Email:	
OTHER OWNERS NAME (OTHER I	NEW OWNER/S (MUST BE CURRENT E	EA MEMBER/S) See EA General Regulations EA MEMBER NO.
OTHER OWNERS NAME		EA MEMBER NO.
IS THIS HORSE CURRENTLY VACCINATED FOR THE HENDRA VIRUS? YES / NO. IF YES, DATE LAST VACCINATED://		
COLOUR:		SEX: ☐ Gelding ☐ Mare ☐ Stallion
BREED:	FOAL DA	ATE: HEIGHT in Hands:
MARKINGS: (please describe in writing below)		SIRE:
HEAD		DAM:
NEAR FORE:		SIRE OF DAM:
OFF FORE:		
THE WITHING		BRAND N/S:
		BRAND O/S:
OTHER MARKINGS: The below Diagram mu	ust he completed accurately. Position	MICROCHIP No: n of scars to be marked with an X. Whorls to be marked with an X
Outline diagram Continue diagram Continue diag		
ANSFER BASE HORSE OWNERSH	_	
pect. I/We certify that I am/we are the purpose of Registration/Identification e disciplinary action against the applic	e recognised owners of said horse. I/W . I/We understand that if any incorrect i ant/s.	rse. And certify that the particulars supplied on the form are true and correct in ev We understand the EA Base Horse Registration is not legal proof of Ownership but is information is furnished on this application, the Branch may cancel the registration, no consibilities of ownership of the horse identified above.
Name/Signature		Date
Name/Signature		Date