

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

PLEASE LIST THE NAMES AND ADDRESSES OF ALL NEW OWNERS

NEW PRIMARY OWNER'S NAME

EA MEMBER NO.

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NEW PRIMARY OWNER'S POSTAL ADDRESS

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SUBURB

POST CODE

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Phone: _____ Email: _____

OTHER OWNERS NAME (OTHER NEW OWNER/S (MUST BE CURRENT EA MEMBER/S) See EA General Regulations

EA MEMBER NO.

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OTHER OWNERS NAME

EA MEMBER NO.

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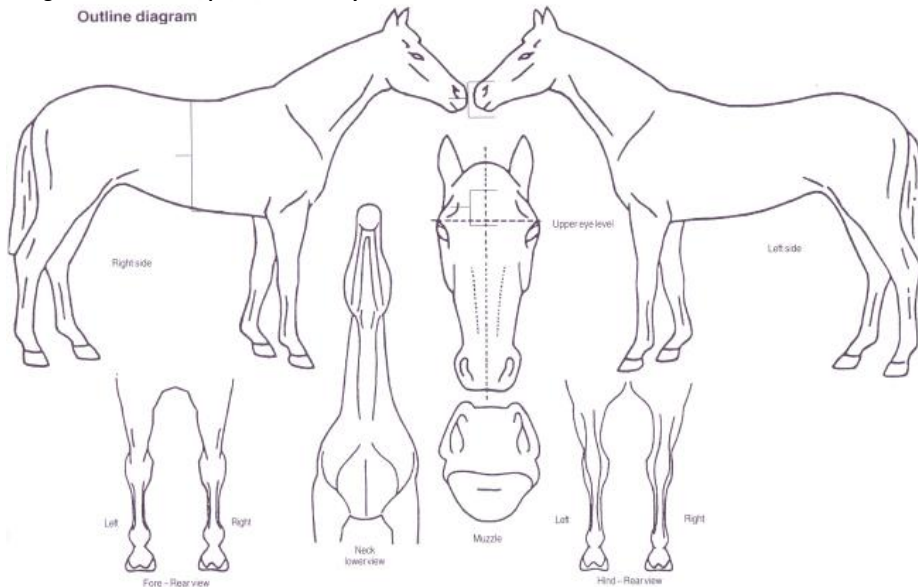
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IS THIS HORSE CURRENTLY VACCINATED FOR THE HENDRA VIRUS? YES / NO. IF YES, DATE LAST VACCINATED: __/__/__

COLOUR:	SEX:	<input type="checkbox"/> Gelding <input type="checkbox"/> Mare <input type="checkbox"/> Stallion
BREED:	FOAL DATE:	HEIGHT in Hands:
MARKINGS: (please describe in writing below)		SIRE:
HEAD		DAM:
NEAR FORE:	SIRE OF DAM:	
OFF FORE:		
NEAR HIND:	BRAND N/S:	
OFF HIND:	BRAND O/S:	
OTHER MARKINGS:	MICROCHIP No:	

The below Diagram must be completed accurately. Position of scars to be marked with an X. Whorls to be marked with an X

Outline diagram



TRANSFER BASE HORSE OWNERSHIP

FREE emailed certificate

I/We _____ of (address) _____	
_____ acknowledge having relinquished ownership of the horse named & described on this form, as from (date) _____	
_____/_____/_____ Signature _____	EA Member Number _____
I/We _____ of (address) _____	
_____ acknowledge having relinquished ownership of the horse named & described on this form, as from (date) _____	
_____/_____/_____ Signature _____	EA Member Number _____