



# Equestrian Australia

## Transfer of Horse Registration Application

This Form becomes a Tax Invoice on payment. Please copy for your records. (Branch ABN9 598 577 242)

Applications can only be accepted from current EA Members.

REGISTRATION No	NAME OF HORSE

**PLEASE LIST THE NAMES AND ADDRESSES OF ALL NEW OWNERS**

NEW PRIMARY OWNER'S NAME

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

NAME

MEMBER NO.

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NAME

MEMBER NO.

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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			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



