



# Equestrian Australia

## Transfer of Horse Registration Application

This Form becomes a Tax Invoice on payment. Please copy for your records. (Branch ABN 79 598 577 242)

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.
NEW PRIMARY OWNER'S POSTAL ADDRESS	
SUBURB	POST CODE

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

NAME	MEMBER NO.
NAME	MEMBER NO.

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



