

**CARD NUMBER:** 

## **Equestrian Queensland**

## **Upgrade of Base Horse Registration to Life**



Equestrian Qld, Sports House Milton, 150 Caxton St, MILTON, Q 4064 Ph: 07 3891 6611

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  PRIMARY OWNER'S NAME  EA MEMBER NO.																				
PRIMARY OWNER'S NAME													ſ	EAI	VIEIVII	BEK IN	0. 			
PRIMARY OWNER'S POSTAL	ADDRESS																			
PRIMARI OWNER'S FOSTAL	ADDRESS																			
SUBURB																POS	T CODE			
										_										
Phone:OTHER OWNERS NAME (O	THER NEW	OWNER	_Email: /s_/MUST	BE CI	IRRENIT	ΕΛ ME	MRFR	/S) Soo	FA Go		Regula				NAENA	BER N	<b>n</b>			
OTTIER OWNERS WAIVE (O	THER NEW	OWNER	13 (10103)	BL CC	INKLINI	LA IVIL	IVIDEN	73) 366	LAGE	iciai	Neguia		3		IVILIVI	BLK IN	J.			
OTHER OWNERS NAME														L	A ME	MBER	NO.			
IS THIS HORSE CURRENTLY VACCINATED FOR THE HENDRA VIRUS? YES / NO. IF YES, DATE LAST VACCINATED:/																				
														· ————————————————————————————————————						
COLOUR:								SEX: ☐ Gelding ☐ Mare ☐ Stallion												
BREED:	D: FOAL DAT								HEIGHT in Hands:											
MARKINGS: (please describe in writing below)  SIRE:																				
HEAD						DA	DAM:													
NEAR FORE:						SII	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    Green   Process   Process																				
☐ Dressage/Pony licence ☐ Showjumping licence ☐ Show Horse licence ☐ Interschool licence ☐ Eventing licence																				
PAYMENT DETAILS  Return Equestrian Qld, Sports House Milton, 150 Caxton St, MILTON, Q 4064 or Email: admin@equestrianqld.com.au																				
Payment Details: {PLEASE NOTE: IF PAYING BY CARD AN ADDITIONAL 1.5 % BANK CHARGE WILL APPLY}																				
PLEASE FILL IN FOR PAYMENT BY CREDIT CARD																				
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TYPE OF CARD		/ISA		□ Ma	stercar	d	I	□ Ban	kcard			E	EXPIF	RY DA	TE		/			
NAME ON CARD:			1		-	-	1					ı			1					