



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: (complete written description to clarify markings diagram)			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



