

**Applications can only be accepted from current EA Members.**

<b>EA REGISTRATION No</b>	<b>NAME OF HORSE</b>

PLEASE LIST THE NAMES AND ADDRESSES OF ALL NEW OWNERS

PRIMARY OWNER'S NAME

EA MEMBER NO.

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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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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

Outline diagram



