



NATIONAL MINIATURE HORSE SOCIETY OF NEW ZEALAND INC

Office Use
Registration Number

REGISTRATION APPLICATION

TEMPORARY PERMANENT HARDSHIP

PLEASE FILL IN ALL AREAS OF THE FORM IF POSSIBLE.

THREE COLOUR PHOTOS MUST ACCOMPANY THIS APPLICATION – One of each side and a headshot

HORSE'S NAME: Give 2 choices – not to exceed 30 characters

1st Choice - _____

2nd Choice- _____

FOALED: Date ____/____/____

SEX Colt/Stallion Filly/Mare Gelding – Date gelded ____/____/____ (if known)

American Shetland bloodlines/genetics:-

24% or less 25% - 49% 50% to 100% Actual percentage (if known) _____%

REGISTRATIONS: Is horse currently registered with any other breed society? If so please give details

NUMBER: _____

COLOUR: Please tick

- Chestnut Bay Black Brown Buckskin Palomino Cremello
 Perlino White Grulla _____ Silver
 _____ Dun _____ Appaloosa
 _____ Roan _____ Pinto
 _____ Pintaloosa Grey born _____
 _____ Other

Mane colour - _____ Tail colour - _____

DISTINGUISHABLE MARKINGS: _____

OWNER'S NAME & ADDRESS: Person in whose name Horse is being Registered (Please print)

Name: _____

Address: _____

Town/City: _____ Postcode: _____

Phone: _____ Mobile: _____

SIRE:-

Height:- _____ " Colour _____

Reg No _____ NMHSNZ _____ NZMHA _____ Other _____

Owner at time of Service _____

SIRE'S SIRE:-

Height:- _____ " Colour _____

Reg No _____ NMHSNZ _____ NZMHA _____ Other _____

SIRE'S DAM:-

Height:- _____ " Colour _____

Reg No _____ NMHSNZ _____ NZMHA _____ Other _____

DAM:-

Height:- _____ " Colour _____

Reg No _____ NMHSNZ _____ NZMHA _____ Other _____

Owner at time of Service _____

DAM'S SIRE:-

Height:- _____ " Colour _____

Reg No _____ NMHSNZ _____ NZMHA _____ Other _____

DAM'S DAM:-

Height:- _____ " Colour _____

Reg No _____ NMHSNZ _____ NZMHA _____ Other _____

*As an applicant I certify that the information on this form is true and correct to my personal knowledge.
I understand and agree that THE SOCIETY Reserves the right to refuse this registration application.*

SIGNATURE: _____ **DATE:** _____

SEND TO : The Registrar

Doug Gelling

Post:- 19 King Edward St, Eltham 4332

Email:- regos@saxonystud.co.nz

CHECKLIST:

Correct Fees (send proof of online payment)

All parts of this form must be filled in

Identification Form completed

3 colour photos

Payment may be made by internet to-

NMHSNZ - 02-0424-0049641-000 – please use your surname as reference, Registry in particulars