



Application to Register a Horse

HORSE:

NAME: _____ EFA No: _____

BIRTH YEAR: _____ AGE: _____ yrs. MARE/GELDING: _____

COLOUR: _____ BRAND: _____ HEIGHT: _____ hh

MICROCHIP: _____

MARKINGS: _____

RIDER:

NAME: _____ MEMB.NO: _____ BIRTH DATE: _____

ADDRESS: _____

POSTCODE: _____ TEL.NO/S: _____

CLUB: _____ ZONE: _____

OWNERSHIP:

OWNER'S NAME: _____

PREVIOUS OWNER: _____

LEASED FROM: _____

Please indicate the card/s required and Showjumping/Combined Training Height:

- | | |
|--|--|
| <input type="checkbox"/> Showjumping (e.g. 70cm) | <input type="checkbox"/> Combined Training (e.g. 70cm) |
| <input type="checkbox"/> ODE | <input type="checkbox"/> Dressage |

Has the horse previously been registered with PCAQ? Yes No or EFA Yes No

If so, existing PCAQ card numbers and/or current EFA grading.....

Showjumping Height	Points	ODE Grade	Points	Combined Training Grade	Points	Dressage Grade	Points

Secretary's Address: _____ Post code: _____

Signed: _____ (Club Secretary)

Signed: _____ (Applicant)

Please complete all sections of this form and return to PCAQ, PO Box 293, Northgate, 4013 accompanied by your cheque for \$6.00 per card

Cards will be returned to your Club Secretary