



Miniature Horse Association Of Australia Inc

Registration, Upgrade, Transfer.
Mail to MHAA. P. O. Box 454
Drouin, Vic. 3818

PLEASE PRINT CLEARLY

CURRENT OWNER DETAILS:

Prefix: _____

Members Name: _____ Member No _____

Address _____

State _____ Post Code _____ Phone No _____

***** PRINT HORSE NAME VERY CLEARLY AS ONCE NAME IS RECORDED IT CANNOT BE CHANGED *****

NAME OF HORSE: _____ (not to exceed 35 characters)

MALE FEMALE GELDING REG No _____

MINIATURE TEMP FOAL TEMP ADULT PERM ADULT

SMALLHORSE TEMP FOAL TEMP ADULT PERM ADULT

DATE FOALED ___/___/___ BIRTH HEIGHT _____ MICROCHIP No _____

BRAND left right COLOUR _____ HEIGHT _____

Tick Box if Sire has DNA on File **DNA Number If Known**

SIRE: _____ REG No: _____ HEIGHT: _____

DAM: _____ REG No: _____ HEIGHT: _____

Colour of Dam: _____ Colour of Sire: _____

OWNER OF DAM: at time of Foaling: _____ Member No _____

OWNER OF SIRE: at time of Serving: _____ Member No _____

(if sold to non Member, Certificate will be held in office until new owner joins & REQUESTS the Certificate)

Transfer To Name _____ Memb No _____ Date of Transaction ___/___/___

OFFICIAL MEASUREMENT DECLARATION: I, _____ (print name in full)

Member No _____ have today measured the above named horse. I certify that the above named Horse Measured:

_____ inches. Signed: Measurer : _____ Memb No _____ Date ___/___/___

I/We agree that if this application is accepted and approved, I/we will abide by all the terms and regulations set fourth in the Articles of Incorporation and the by-laws of the Miniature Horse Association of Australia Inc. and any amendments made thereto, I/We further agree to abide by the code of ethics, decisions, actions and amendments, thereto of the Miniature Horse Association of Australia Inc. In signing this application, I/We understand that I/We am/Are personally responsible for the information submitted, and also understand that in the event ,said information is determined to be inaccurate or fraudulent, I/We /are subject to penalty and/or loss of membership and all fees submitted. Further I/We acknowledge that the Miniature Horse Association of Australia Inc reserves the right and hereby consent to the re-distribution of all or part of the above information by the Association to any entity/entities or person (s) in order to achieve its objectives as defined in the Miniature Horse Association of Australia Inc. Constitution. & General Rules.

Print Name: _____ Signed: _____ Member No _____

(Owner) Date: ___/___/___