

# GUY FAWKES HERITAGE HORSE ASSOCIATION INC.

PO Box 442 Dorrigo NSW 2453  
Phone: 0428575342  
ABN 23 131 758 362

## REGISTRATION APPLICATION

This application **MUST BE** accompanied by the relevant fee and a colour photograph of each side of the horse showing all markings AND...

1. A copy of the GFRNP Horse Capture Identification record sheet.

**OR**

2. A Stallion Service Certificate.

ADULT REGO    STALLION    MARE    GELDING

\$100	\$15	\$15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BRANDS  
N/S    O/S

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

FOAL RECORDING

FILLY	COLT
\$10	\$10
<input type="checkbox"/>	<input type="checkbox"/>

**IDENTIFICATION OF HORSE** - The brands and all markings must be accurately illustrated on the diagram of the horse. Any indentations or scars must be indicated and labelled accordingly.

**WHITE MARKINGS** – shaded in, accurately defining the shape of the marking on forehead, near and off views.

**BRANDS** are compulsory – a Registered Stock Brand, an Identification Number (top number) and a Foaling Season Year Number (bottom number).

White Marking – defining shape and shaded in. Hair Whorl – o Scar – x Indentation – p

HORSE MUST BE BRANDED – Stock Brand and Capture Number  
OR

Stock Brand, Identification Number and Foaling Season Year Number  
(for bred horses)

LABEL OBSCURE OR UNUSUAL MARKINGS WHERE NECESSARY

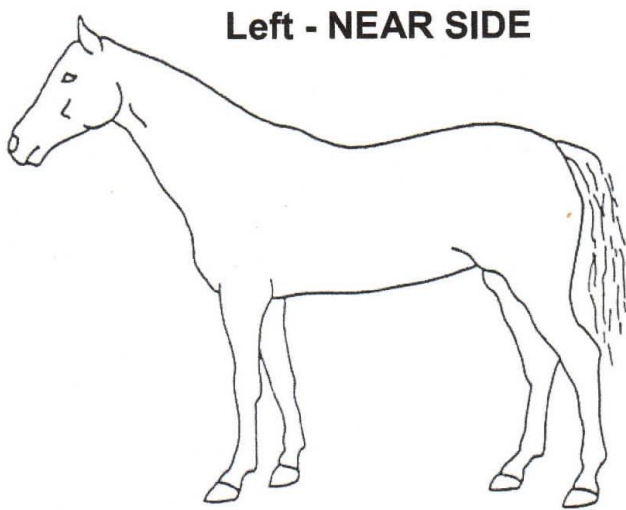
Horse Name.....

GFRNP Capture Number.....

Date of Birth or Capture.....Colour.....

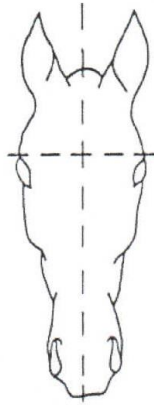
Sire Name (if Known).....Reg. No.....

Dam Name (if Known).....Reg. No.....

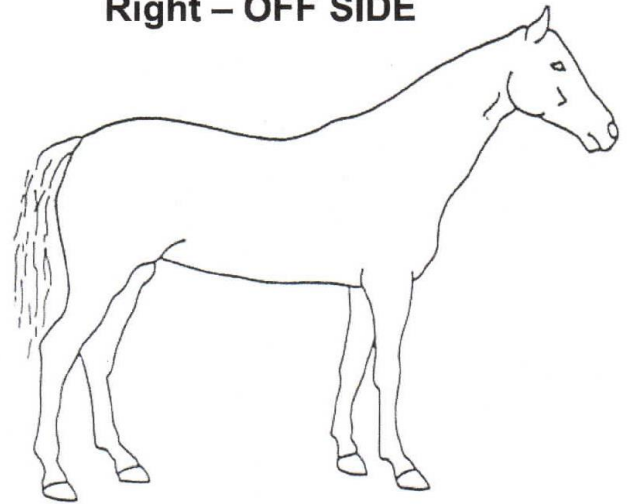


**Left - NEAR SIDE**

**Forehead**



**Right – OFF SIDE**



Near Off

Off Near

Off Near

Near Off

**If Microchipped, number:.....**

White Marking – defining shape and shaded in.      Hair Whorl – o      Scar – x      Indentation –△

**HORSE MUST BE BRANDED – Stock Brand, Identification Number and Foaling Season Year Number**

**LABEL OBSCURE OR UNUSUAL MARKINGS WHERE NECESSARY**

BREEDER (Prefix Name).....

OWNER.....

ADDRESS.....

.....

I hereby certify that the above particulars are to the best of my knowledge are true and correct.

Signature.....

Date.....

Please make all cheques payable to Guy Fawkes Heritage Horse Association and return with all relevant forms to GFHHA PO Box 442 Dorrigo NSW 2453