

# REGISTRATION APPLICATION

THE SOUTH AFRICAN QUARTER HORSE ASSOCIATION  
P.O. BOX 32133, Fichardpark, Bloemfontein, 9317 TEL: 071 471 3684 FAX: 086 2

INSTRUCTIONS : the recorded owner at time of foaling is responsible for registration of the foal and must have current membership in order to register.

|                                                                                                                                                  |  |                    |    |                                  |                         |                                                                                                 |  |                      |                  |                                       |  |                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|----|----------------------------------|-------------------------|-------------------------------------------------------------------------------------------------|--|----------------------|------------------|---------------------------------------|--|-----------------|--|
| (1) CODE 6101                                                                                                                                    |  | (2) BREED CODE 367 |    | (3) SEX (Female = 1, Male = 2)   |                         | ( ) Stallion                                                                                    |  | (X) Mare             |                  | ( ) Gelding                           |  | ( ) Spayed mare |  |
| (4) BREEDER'S PREFIX: Blue Sky                                                                                                                   |  |                    |    | (4.5) NAME (First choice) Poco's |                         |                                                                                                 |  | Hontas               |                  |                                       |  |                 |  |
|                                                                                                                                                  |  | DATE               |    | (6) BIRTH STATUS                 |                         | 1                                                                                               |  | NAME (Second Choice) |                  |                                       |  |                 |  |
|                                                                                                                                                  |  | D                  | M  | Y                                | Single = 1 Twin = 2     |                                                                                                 |  |                      |                  |                                       |  |                 |  |
| (5) SERVICE CODE                                                                                                                                 |  | 12                 | 12 | 22                               | (8) Section of herdbook |                                                                                                 |  |                      |                  |                                       |  |                 |  |
| Natural = 1                                                                                                                                      |  |                    |    |                                  |                         | (9) Subsection of herdbook                                                                      |  |                      |                  |                                       |  |                 |  |
| Artificial Insemination = 2                                                                                                                      |  |                    |    |                                  |                         | IF THIS FOAL HAS CHANGED HANDS PRIOR TO REGISTRATION ATTACH A COMPLETED, SIGNED TRANSFER REPORT |  |                      |                  |                                       |  |                 |  |
| Embryo Transfer = 3                                                                                                                              |  |                    |    |                                  |                         | BREEDER: (owner of dam at time of service)                                                      |  | SAQHA MEM. NO.       |                  |                                       |  |                 |  |
| (10) FOALING DATE                                                                                                                                |  | 1                  | 11 | 23                               | (11 a) DQ               |                                                                                                 |  |                      | TOWN & PROVINCE: |                                       |  |                 |  |
| (12) SIRE NAME:                                                                                                                                  |  | Bos Poco Beaver    |    |                                  |                         | (13) REGISTRATION NUMBER:                                                                       |  | 12987889             |                  |                                       |  |                 |  |
| OWNER OF SIRE:                                                                                                                                   |  | Burnie Staal       |    |                                  |                         | SAQHA MEM NO :                                                                                  |  | 445196               |                  | TOWN & PROVINCE                       |  | Kroonstad, FS   |  |
| (at time of service)                                                                                                                             |  |                    |    |                                  |                         |                                                                                                 |  |                      |                  |                                       |  |                 |  |
| (14) DAM NAME:                                                                                                                                   |  | Calval Fire Fly    |    |                                  |                         | (15) REGISTRATION NUMBER:                                                                       |  | 12783155             |                  |                                       |  |                 |  |
| OWNER OF DAM:                                                                                                                                    |  | Anni Roux          |    |                                  |                         | SAQHA MEM NO :                                                                                  |  | 0114029              |                  | TOWN & PROVINCE                       |  | Bothaville, FS  |  |
| (16) SASBA BREEDER NO.:                                                                                                                          |  |                    |    |                                  |                         | (17) REGISTRATION DATE                                                                          |  |                      |                  |                                       |  |                 |  |
| (26) COLOUR MARKINGS (CHECK ONE)                                                                                                                 |  |                    |    |                                  |                         |                                                                                                 |  |                      |                  |                                       |  |                 |  |
| ( ) SORREL                                                                                                                                       |  | ( ) BLACK          |    | ( ) PALOMINO                     |                         | (X) BAY                                                                                         |  | ( ) RED ROAN         |                  | ( ) GRAY                              |  | ( ) CHESTNUT    |  |
| ( ) BUCKSKIN                                                                                                                                     |  | ( ) BROWN          |    | ( ) RED DUN                      |                         | ( ) DUN                                                                                         |  | ( ) BLUE ROAN        |                  | ( ) CREMELLO                          |  |                 |  |
| BREEDER'S CERTIFICATE : (to be completed if the sire and dam were not owned by the same entity at the time of service or dam at time of foaling) |  |                    |    |                                  |                         |                                                                                                 |  |                      |                  |                                       |  |                 |  |
| THIS IS TO CERTIFY                                                                                                                               |  | (Stallion's name)  |    |                                  |                         | Bos Poco Beaver                                                                                 |  |                      |                  | Reg No 12987889                       |  |                 |  |
| WAS BRED TO                                                                                                                                      |  | (Mare served)      |    |                                  |                         | Calval Fire Fly                                                                                 |  |                      |                  | Reg No 12783155                       |  |                 |  |
| ON (list dates mare was b                                                                                                                        |  | Date/s             |    |                                  |                         | 12/12/2012                                                                                      |  |                      |                  | 2012                                  |  |                 |  |
| Signature (owner of stallion):                                                                                                                   |  | Bstaal             |    |                                  |                         | Mem. No 445196                                                                                  |  |                      |                  | Postal address, KROONSTAD, FREE STATE |  |                 |  |
| Signature (owner of mare):                                                                                                                       |  | K                  |    |                                  |                         | Mem. No 0114029                                                                                 |  |                      |                  | P.O. Box 371 Tel No 083 977 7981      |  |                 |  |

NB: Complete marking diagrams and blanks.

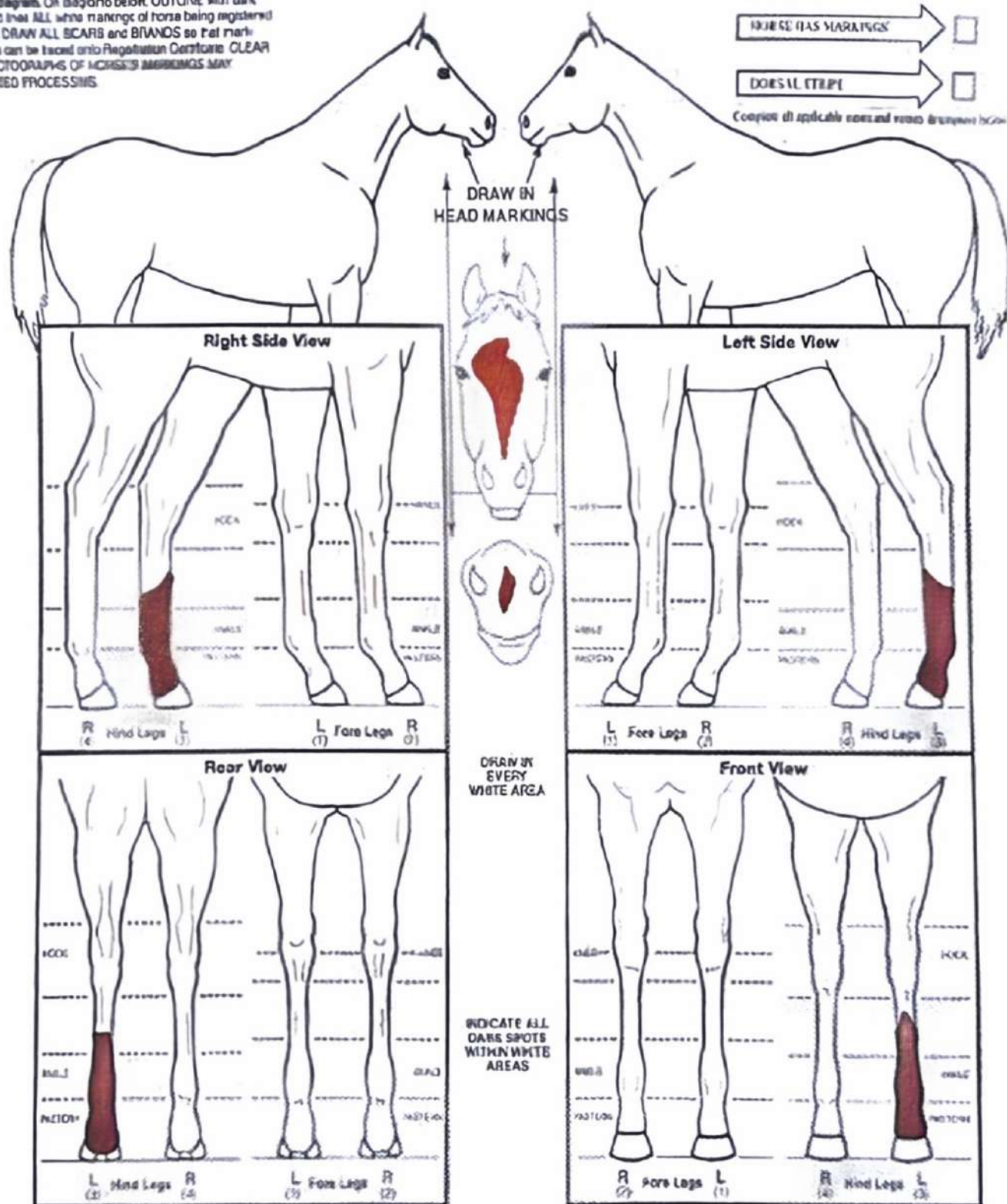
Markings on sides of head and chin must be drawn as diagram. On diagram below, OUTLINE with dark, solid lines ALL white markings of horse being registered and DRAW ALL SCARS and BRANDS so that markings can be traced onto Registration Certificate. CLEAR PHOTOGRAPHS OF HORSE'S MARKINGS MAY SPEED PROCESSING.

HORSE HAS NO MARKINGS ☐

HORSE HAS MARKINGS ☐

DORSAL STRIPE ☐

Complete all applicable names and various descriptions below



# WRITTEN DESCRIPTION OF MARKINGS

HEAD: White Blaze, White Snip COLOR OF EYES: Black

- (1) LEFT FORE LEG None
- (2) RIGHT FORE LEG None
- (3) LEFT HIND LEG White Sock
- (4) RIGHT HIND LEG None

OTHER OR UNUSUAL MARKINGS OR COLOR None

COLOR OF MANE AND TAIL Black

SCARS AND BRANDS None If branded, check if freeze brand ☐