

INSTRUCTIONS: the recorded owner at time

of foaling is responsible for registration of
P.O. BOX 32133, Fichardpark, Bloemfontein, 9317 TEL: 071 471 3684 FAX: 086 2 the foal and must have current membership

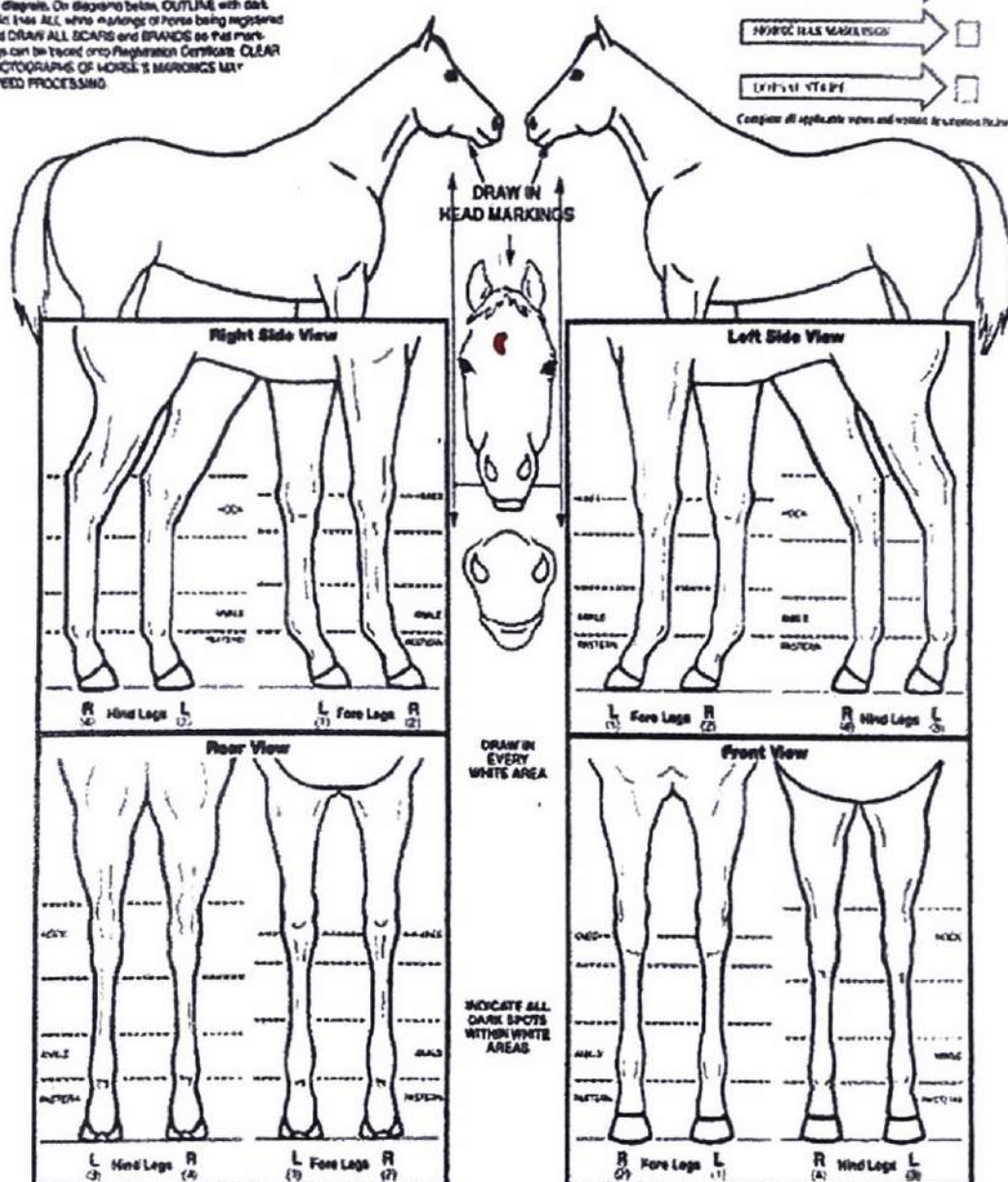
In order to register.

(1) CODE 6101	(2) BREED CODE 367	(3) SEX (Female = 1, Male = 2)	1	() Stallion	(X) Mare	() Gelding	() Spayed mare
(4) BREEDER'S PREFIX:		Blue Sky		(4.5) NAME (First choice) Gambling Girl			
(5) SERVICE CODE Natural = 1	D	M	Y	(6) BIRTH STATUS Single = 1 Twin = 2	1	NAME (Second Choice)	
	26	12	24	(8) Section of herdbook		IF THIS FOAL HAS CHANGED HANDS PRIOR TO REGISTRATION ATTACH A COMPLETED, SIGNED TRANSFER REPORT	
Artificial Insemination = 2				(9) Subsection of herdbook		BREEDER: (owner of dam at time of service.)	0714029 SAQHA MEM. NO.
Embryo Transfer = 3				(11 a) DQ		Anri Roux	
(10) FOALING DATE	03	12	25	(11 b) NUMBER		TOWN & PROVINCE: Bothaville, FS	
(12) SIRE NAME: OWNER OF SIRE : (at time of service)	Sandymount Stormy Cat			(13) REGISTRATION NUMBER:	13227582		
(14) DAM NAME: OWNER OF DAM : (at time of foaling)	Anri Roux			SAQHA MEM NO.:	0714029	TOWN & PROVINCE:	Bothaville, FS
(15) SASBA BREEDER NO.:				(15) REGISTRATION NUMBER:	12977468		
(26) COLOUR MARKINGS (CHECK ONE)				(17) REGISTRATION DATE:			
() SORREL	() BLACK	() PALOMINO	() BAY	() RED ROAN	() GRAY	(X) CHESTNUT	As recorded owner of the dam at the time this horse was foaled (or authorised agent) I declare that the pedigree, breeding particulars and identification marks of the animal described herein are correct, and that all the requirements of the Constitution and the Act relating to birth notifications and applications for registrations have been complied with.
() BUCKSKIN	() BROWN	() RED DUN	() DUN	() BLUE ROAN	() GRULLO		
BREEDER'S CERTIFICATE: (to be completed if the sire and dam where not owned by the same entity at the time of service or dam at time of foaling.)							
THIS IS TO CERTIFY (Stallion's name)							
WAS BRED TO	(Mare served)			Reg. No.			
ON (test dates mare was b)	Dates			Reg. No.	Year		
Signature (owner of stallion):				Mem. No.		Postal address: 73 Botha Street, Bothaville	
Signature (owner of mare):				Mem. No.		9660, FS	
				Tel No.		082 578 5690	

Markings on sides of head and ears must be drawn in diagram. On diagram below, OUTLINE with dark ink. Fill 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.

HOOF MARKINGS ☐
 HORSE HAS MARKINGS ☐
 CRIPPLE STAMP ☐

Complete all applicable boxes and attach to application fee.



WRITTEN DESCRIPTION OF MARKINGS:

HEAD White Star COLOR OF EYES Black
 (1) LEFT FORE LEG None
 (2) RIGHT FORE LEG None
 (3) LEFT HIND LEG None
 (4) RIGHT HIND LEG None
 OTHER OR UNUSUAL MARKINGS OR COLOR None
 COLOR OF MANE AND TAIL Chestnut
 SCARS AND BRANDS None If branded, check if freeze brand ☐