

Subject: FW: CROFT - REGISTRATION
From: <secretary@saqha.co.za>
Date: 2026/08/14, 11:12 am
To: "Talisha Maas" <talisha@studbook.co.za>

Hi Talisha

Kan jy asseblief die perd deur sit. Ek weet ongelukkig nie hoe werk dit nie.

From: Anri Roux <anriroux158@gmail.com>
Sent: Wednesday, August 12, 2026 12:53 PM
To: secretary@saqha.co.za
Subject: Re: CROFT - REGISTRATION

On Wed, 29 Jul 2026 at 12:52, <secretary@saqha.co.za> wrote:

Hi Anri

Would you kindly complete registration form for Croft. Sorry I completely forgot about this one.

Kind regards/Groete
Sandi Geldenhuys
Tel. 082 425 5256
Email: secretary@saqha.co.za
Hours – 08:00 – 13:00
Monday - Friday

— Attachments: —

Registration Application - Blue Sky Croft .pdf

579 KB

REGISTRATION APPLICATION

THE SOUTH AFRICAN QUARTER HORSE ASSOCIATION
P.O. BOX 32133, Fichardpark, Bloemfontein, 9317 TEL: 071 471 3684 FAX: 086 24 the foal and must have current membership

INSTRUCTIONS : the recorded owner at time of foaling is responsible for registration of 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) Croft									
		DATE		(6) BIRTH STATUS		NAME (Second Choice)							
		D M Y		Single = 1 Twin = 2									
(5) SERVICE CODE				(8) Section of herdbook				IF THIS FOAL HAS CHANGED HANDS PRIOR TO REGISTRATION ATTACH A COMPLETED, SIGNED TRANSFER REPORT					
Natural = 1				(9) Subsection of herdbook				BREEDER: (owner of dam at time of service)					
Artificial Insemination = 2				(11 a) DQ									
Embryo Transfer = 3				(11 b) NUMBER									
(10) FOALING DATE		03 10 15		(11 b) NUMBER									
(12) SIRE NAME:		Mambo		(13) REGISTRATION NUMBER:									
(at time of service)				TOWN & PROVINCE:									
(14) DAM NAME:		Grima		(15) REGISTRATION NUMBER:									
(at time of foaling)				TOWN & PROVINCE:									
(16) SASBA BREEDER NO.:				TOWN & PROVINCE:									
(26) COLOUR MARKINGS (CHECK ONE)				(17) REGISTRATION DATE:									
() 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)		Reg. No.							
WAS BRED TO				(Mare served)		Reg. No.							
ON (list dates mare was b				Date/s		Signature:							
Signature (owner of stallion) :				Mem. No.		Postal address: KROONSTAD, FREE STATE							
Signature (owner of mare) :				Mem. No.		Tel. No.							

NB: Complete marking diagrams and blanks.