



The British Association for the
Purebred Spanish Horse Ltd
Formerly the British Andalusian Horse Society
Founded 1982

BAPSH REF.No: _____

RETURN THIS FORM TO:- BAPSH Ltd Registrar,
Holly Trees Farm, Chesterblade Rd, Stoney
Stratton, Shepton Mallet, SOMERSET. BA4 4EQ.
Any Queries can be sent to the Office Email:-
bapshregistrar@btinternet.com

**APPLICATION for REGISTRATION of IMPORTED
PRE-Fusion-Breeds Horse into BAPSH Ltd STUDBOOK Register II**
UK Equine Law - IMPORTED Horses MUST be registered WITHIN 30 Days of ARRIVAL in the UK

PLEASE COMPLETE THIS FORM CLEARLY & LEGIBLY IN BLACK OR BLUE INK USING BLOCK CAPITALS

BREEDER *MR/MRS/MISS..... LGPRE Breeder Code.....

NationalityTel:.....Mobile:.....EMAIL:.....

ADDRESS.....

TownCounty Post CodeCOUNTRY.....

OWNER *MR/MRS/MISS..... LGPRE Breeder Code.....

NationalityTel:.....Mobile:.....EMAIL:.....

ADDRESS.....

TownCounty Post CodeCOUNTRY.....

HORSE NAME _____ BREED.....

UELN(Passport) or REG. No. _____

IMPORT DATE into UK ___/___/___ DEALER/ AGENT Name _____ PURCHASE DATE ___/___/___

PLEASE FILL OUT YOUR HORSE'S COMPLETE PEDIGREE

Sire's Name YoB _____ Breed..... Colour..... UELN_.....	Grandsire YoB _____ Colour.....Breed..... UELN_.....	G.Grandsire UELN_..... Colour.....
	Granddam YoB _____ Colour.....Breed..... UELN_.....	G.Grandsire UELN_..... Colour..... G.Grandsire UELN_..... Colour.....
Dam's Name YoB _____ Breed..... Colour..... UELN_.....	Grandsire YoB _____ Colour.....Breed..... UELN_.....	G.Grandsire UELN_..... Colour..... G.Grandsire UELN_..... Colour.....
	Granddam YoB _____ Colour.....Breed..... UELN_.....	G.Grandsire UELN_..... Colour..... G.Grandsire UELN_..... Colour.....

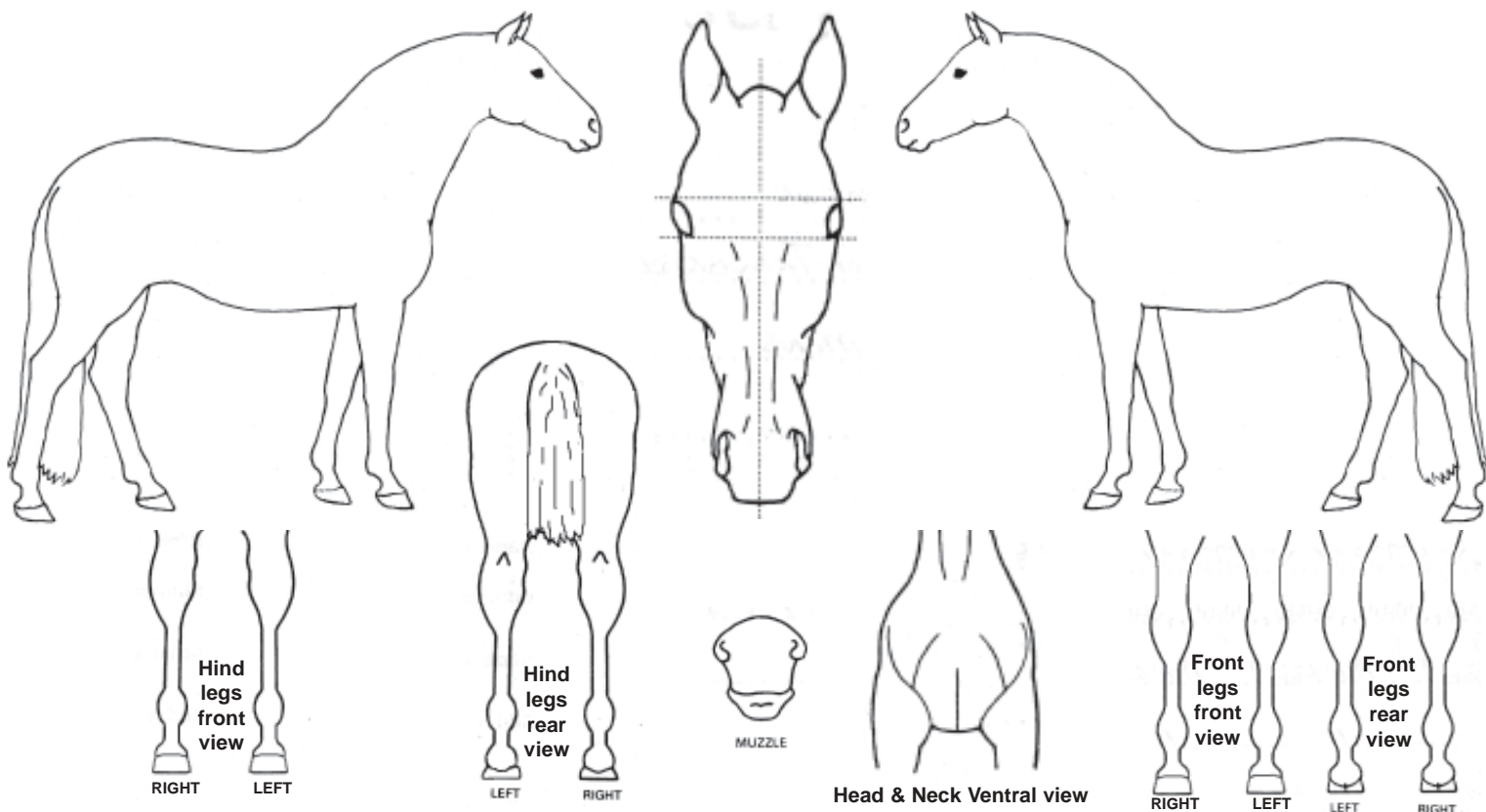
LEGAL DECLARATION:- IS THIS HORSE DESTINED FOR HUMAN CONSUMPTION ? YES Or NO

I enclose the ORIGINAL PASSPORT or REGISTRATION CERTIFICATE , a Copy of the Intra-Trade Travel Certificate/ Export doc. , the Transfer of Ownership or Purchase Contract or Proof of Purchase , Certificates- SpCC / Coat Colour and/or Genetic Diseases a Cheque for the Registration Fee or Proof of the Fee Paid by Bank Transfer (Please tick boxes as appropriate. Email Office for BANK DETAILS)
I hereby certify I am the Owner of the Horse named ABOVE and that all the information contained on this application form is correct. I understand that the information supplied will be retained securely by BAPSH Ltd on the basis of a Legal Obligation and may be passed to lawful bodies at their request. The full BAPSH Ltd Privacy Policy can be read at www.bapsh.co.uk. GDPR 2018 Law.

OWNER SIGNATURE..... DATE.....

OFFICE USE ONLY Passport/ Reg.Cert Issuer:- DATE REC ___/___/___ IMPORT From: _____ DATE REG ___/___/___ CERTIFICATES TravelDox: Sale Dox: Mic.Active: DNA No: £ ___ Paid By-CHQ/ PO/ BT ___/___/___ Colour/ PSSM/ Other Yes / No Yes/ No Yes / No OVERSTAMP or NEW RE-ISSUE Psprt	FEES Registration+Overstamp= £53.00 Registration+Passport= £78.00 Includes 'Signed For' P&P. ADD £7.00 for Special Delivery. Pay by Cheque or Bank Transfer (Details from Office)
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IDENTIFICATION TO BE COMPLETED BY A VETERINARIAN. Draw Outlines of True White Markings (with underlying pink skin) on the figures below in **RED INK**. Show any Brands or Scars. Use **BLACK INK** for Whorls which must be shown with an "X", feathered Whorls have a line added in the direction of the Feather. **NB:-SHOW ALL WHORLS ON THE DIAGRAM, EVEN COMMON ONES. MARK MICROCHIP INSERT WITH 'M'**



NAME OF HORSE	*FEMALE *ENTIRE *GELDING	DATE OF BIRTH/...../.....	HEIGHT	COLOUR	MICROCHIP No. (Must be Confirmed By Vet)
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Written Description of Colour, Markings, ALL Whorls, Scars, and Brands

HEAD.....
 **EYE COLOUR:** **BODY SKIN COLOUR:**.....

NECK.....

LEFT FORE..... **HOOF:** BLACK/ WHITE/ STRIPED

RIGHT FORE..... **HOOF:** BLACK/ WHITE/ STRIPED

LEFT HIND..... **HOOF:** BLACK/ WHITE/ STRIPED

RIGHT HIND..... **HOOF:** BLACK/ WHITE/ STRIPED

BODY.....
 **SCARS OR BRANDS:**

VET DECLARATION - I CONFIRM I LOCATED, READ, & WROTE THE MICROCHIP No ON THIS FORM- YES Or NO (Vet delete as appropriate)

Date of Identity Examination/...../.....	Veterinary Surgeon's NAME (Printed in CAPS)	Vet Surgery Official Stamp	If less than 3 Whorls found - Vet Must Draw the outline of the chestnuts			
Signature of Examining Vet	Practice Address		L Front	R Front	L Hind	R Hind