



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 FORM FOR BAPSH Ltd RE-ISSUE PASSPORT TO UPGRADE HORSE TO PEDIGREE REGISTERED STATUS

**RE-ISSUEING THE HORSE NAMED BELOW WITH A BAPSH PEDIGREE PASSPORT WILL UPGRADE THE HORSE
 FROM NON-PEDIGREE IDENTITY-ONLY STATUS or PARTBRED EQUINE STATUS TO
 PEDIGREE BREED-IDENTIFIED REGISTERED PUREBREED STATUS**

PLEASE NOTE: ALL HORSES MUST be REGISTERED with BAPSH Ltd BEFORE a PASSPORT can be ISSUED.
 If your horse is not BAPSH Registered you complete ONLY Page 1 of this Form, & complete Page 1 of the Appropriate Breed
 'Foal' Registration Application Form; your Vet completes Page 2 with the FULL Identification. Use Fees On Reg.App.
COMPLETE THIS FORM CLEARLY & LEGIBLY IN BLACK OR BLUE INK USING BLOCK CAPITALS

OWNER *MR/MRS/MISS.....

Nationality **Tel:**..... **Mobile:**..... **EMAIL:**.....

ADDRESS.....

Town **County** **Post Code** **COUNTRY**.....

HORSE'S NAME _____

UELN (Passport No) _____ **(FROM THE ENCLOSED PASSPORT)**

ORIGINAL PASSPORT ISSUED ON __ / __ / ____

NAME OF PIO THAT ISSUED PASSPORT TO BE CANCELLED _____

As the BAPSH Registered Owner of the Horse Named above I am applying to have the enclosed Equine ID-Only Non-pedigree Passport or Equine Partbred Passport CANCELLED, and a Full Pedigree Breed Identified Passport ISSUED by BAPSH Ltd (a 'Re-Issue' Passport) which will have the same UELN (*required by Law*), Microchip Number, and Ownership details, Plus parentage details and a FIVE generation Pedigree where the known data enables this to be completed. I understand that BAPSH Ltd will copy and transfer across to the NEW RE-Issue BAPSH Passport all the Vaccinations and previous Owner details recorded in the enclosed Passport for Cancellation, and then BAPSH will send it to the Equine PIO that issued the Passport for actual Cancellation.

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

I enclose the **ID-ONLY/PARTBRED PASSPORT** to be CANCELLED ,and a Cheque payable to BAPSH Ltd for the Re-Issue Passport Fee , or Proof of the Fee Paid by Bank Transfer to the BAPSH Account (*Please tick boxes as appropriate*)
 Email the Office at **bapshregistrar@btinternet.com** for BANK DETAILS

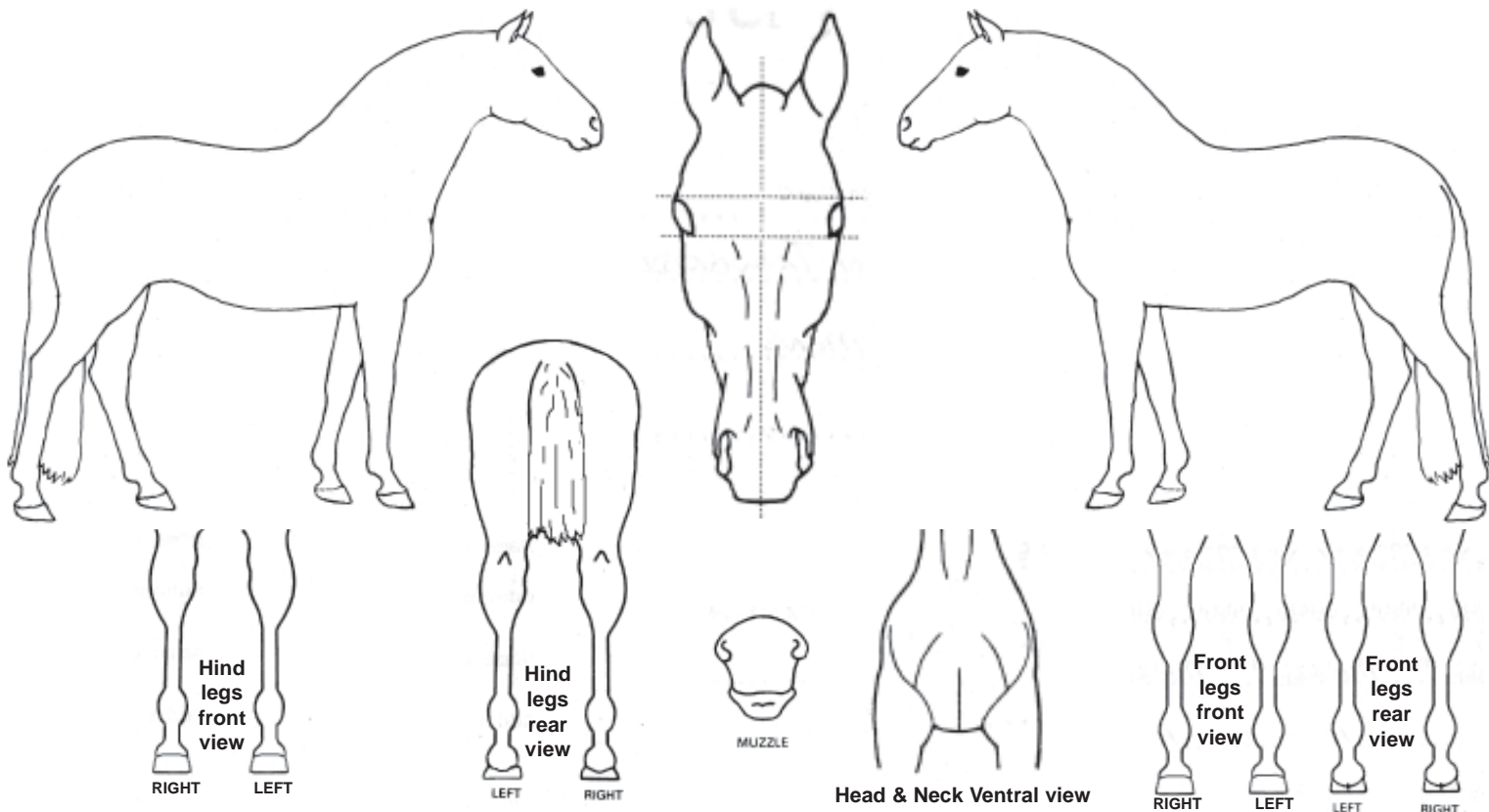
I hereby certify that I am the Owner of the Horse named ABOVE and that all the information contained on this application form is correct. I understand that the information supplied will be retained securely by BAPSH Ltd on the basis of a Legal Obligation and may be passed to lawful bodies at their request.

The full BAPSH Ltd Privacy Policy can be read at www.bapsh.co.uk. GDPR 2018 Law.

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

<p>OFFICE USE ONLY <i>DATE Application Rec:</i> __ / __ / ____</p> <p><i>DATE PASSPORT CANCELLED</i> __ / __ / ____ <i>DATE PASSPORT RE-ISSUED</i> __ / __ / ____</p> <p><i>New Identification By VET</i> <i>Microchip Active:</i> <i>DNA Type Requ:</i> <i>DNA Sample</i> <i>FEE Paid By</i></p> <p>Yes/No Signed /Unsigned Yes / No Yes / No Yes / No CHQ/ PO/ BT __ / __ / __</p>	<p>FEE DUE = £25.00</p> <p><i>Includes 'Signed For' P&P. ADD £7.00 for Return by Special Delivery</i></p> <p>Please Pay by Cheque, Postal Order, or Bank Transfer (Details from Office)</p>
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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