



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.....

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

ADDRESS.....

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

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

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

ADDRESS.....

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

**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 _____	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 _____	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.....

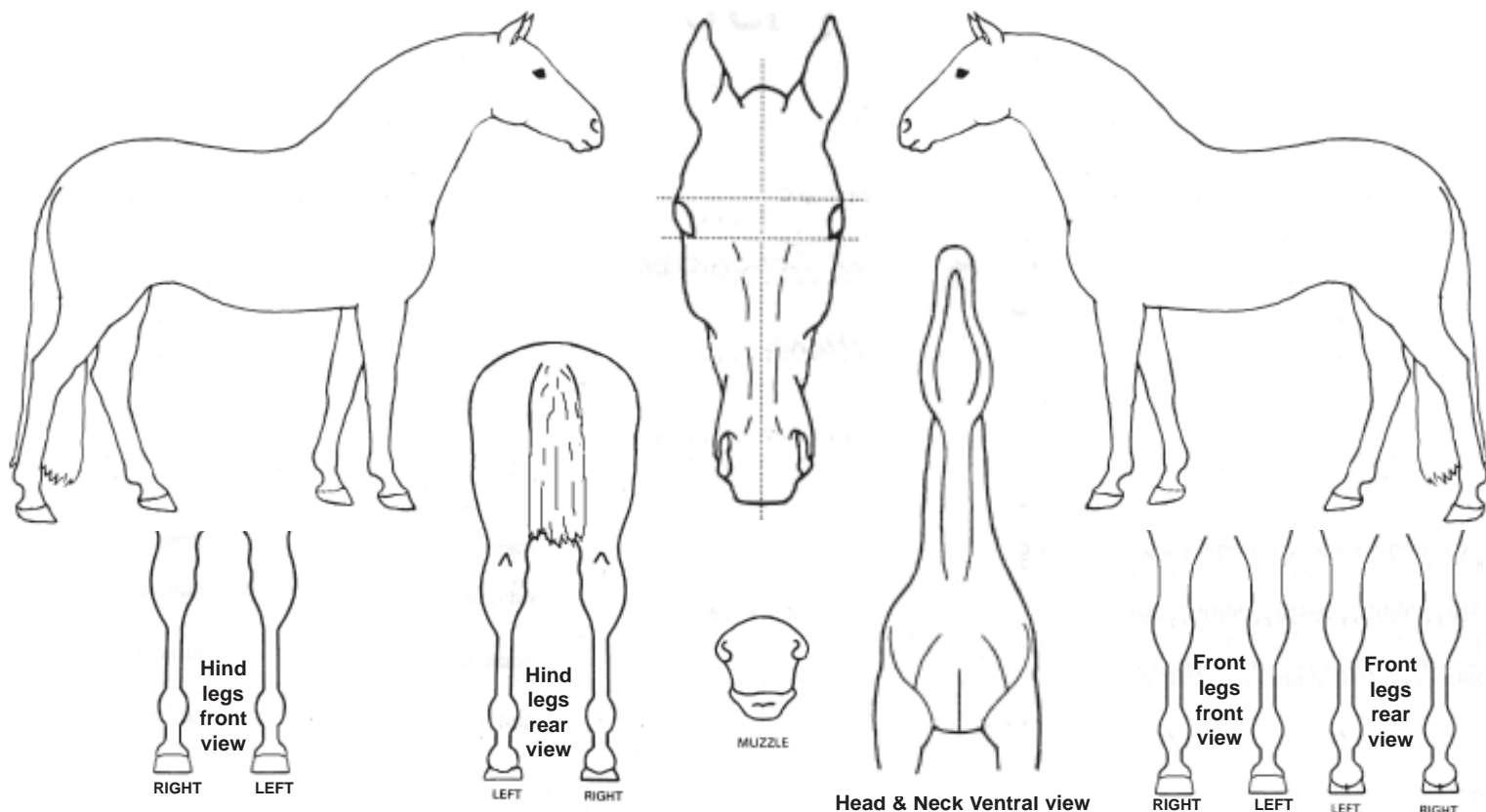
**LEGAL DECLARATION:- IS THIS HORSE DESTINED FOR HUMAN CONSUMPTION ? YES  Or NO**

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**.....

<b>OFFICE USE ONLY</b> <i>Passport/ Reg.Cert Issuer:-</i> DATE REC __/__/__ IMPORT From: _____ DATE REG __/__/__ CERTIFICATES <i>TravelDox: Sale Dox: Mic.Active: DNA No: £ Paid By-CHQ/ PO/ BT __/__/__</i> Colour/ PSSM/ Other Yes / No Yes/ No Yes / No <b>OVERSTAMP or NEW RE-ISSUE Psprt</b>	<b>FEES</b> <b>Registration+Overstamp= £53.00</b> <b>Registration+Passport= £78.00</b> 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'**



<b>NAME OF HORSE</b>	<b>*FEMALE *ENTIRE *GELDING</b>	<b>DATE OF BIRTH</b> ...../...../.....	<b>HEIGHT</b>	<b>COLOUR</b>	<b>MICROCHIP No. (Must be Confirmed By Vet)</b>
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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)

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