



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

UELN: _____ / _____

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 BRITISH BORN
PRE FUSION HORSES into BAPSH Ltd STUDBOOK Register II Section1**
UK Equine Law-Foals MUST be registered BEFORE 6months old OR by 30th NOVEMBER YO B

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

(Reg. Mare Owner at Foal's DOB)

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.....

NAME 1. _____

OF

FOAL 2. _____

Give **TWO CHOICES**, 25 Letters Max including spaces & Affix. DATE OF BIRTH: ____/____/____ SEX: ____

FILL OUT SIRE & DAM DETAILS. COMPLETE FULL PEDIGREE IF YOU CANNOT SEND OFFICIAL PRINTED 4 GENERATION PEDIGREE FOR EACH PARENT

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

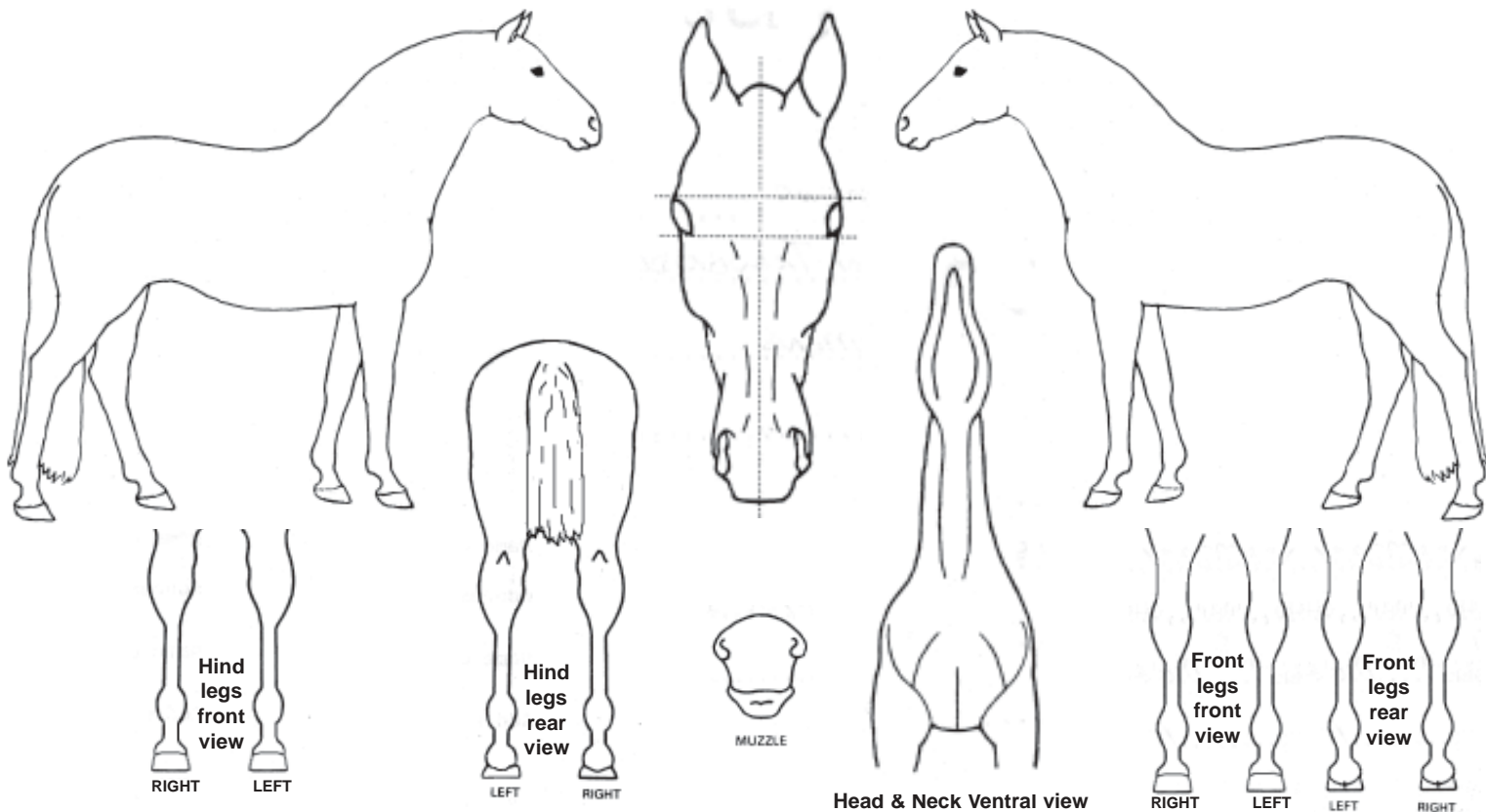
LEGAL DECLARATION:- IS THIS HORSE DESTINED FOR HUMAN CONSUMPTION ? YES Or NO

I enclose the dam's **British Covering Certificate** , a Copy of Non-BAPSH Registration Cert &/Or Passport for Sire/Dam , PSSM Negative Certificate for Sire/ Dam if Required Vet certified HAIR Sample for DNA Type (if Required) , the **Registration Fee** and my Horse's Passport from Another PIO for Overstamping OR the **Registration Plus Passport Fee** (Please tick boxes as appropriate.)
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 = BAPSH or OVERSTAMP Other DATE Rec: ____/____/____ CoverCert On-time: Yes/No. ID Foal-At-Foot Under 5m: Yes/No PSSM Cert Req: Yes/No. Or PSSM Result: Pos/Neg. DNA Sample for Parent Test Rec: Yes/No DATE REG ____/____/____ DATE Iss. ____/____/____ FEE Paid By-CHQ/PO/BT ____/____/____	FEES UNTIL 5mths Old by DOB Registration + Passport = £70.00 *YES / NO Add £5 per month for late registration Registration+Overstamp=£45.00 *YES / NO Fees Include Signed For Delivery P&P DNA Type with PT & PSSM testing are Extra if req, please contact BAPSH Registrar for these fees.
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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'**



1st CHOICE NAME OF FOAL	*FILLY *COLT *GELDING	DATE OF BIRTH/...../.....	BIRTH COLOUR <small>(STATE IF LIKELY TO GO GREY)</small>	MICROCHIP NO. <small>(Microchip MUST be inserted during ID)</small>
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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:

VETERINARY SURGEON'S DECLARATION - THIS FOAL IS STILL AT FOOT WITH IT'S MOTHER -- YES Or NO *(Vet to 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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">L Front</th> <th style="width:25%;">R Front</th> <th style="width:25%;">L Hind</th> <th style="width:25%;">R Hind</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </table>	L Front	R Front	L Hind	R Hind				
L Front	R Front	L Hind	R Hind								