



**APPLICATION to REGISTER into BAPSH Ltd STUDBOOK a
 PRE FUSION HORSE BORN & RESIDENT OUTSIDE THE UK & EU**

Foals MUST be registered BEFORE 6 months old OR by 30th NOVEMBER YOYB

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

(Reg. Mare Owner at Foal's DOB)

(If Code known)

BREEDER *MR/MRS/MISS..... BreederCode.....

FULL NAME

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

ADDRESS.....

Town County Post Code COUNTRY.....

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

FULL NAME

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

ADDRESS.....

Town County Post Code COUNTRY.....

HORSE NAME _____

25 Letters Max including spaces & Affix.

Covering Certificate No: _____ DATE OF BIRTH: ___/___/___ SEX: _____

UELN (Office):- _____ PRE% _____ (Office)

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.Grandsire UELN_..... Colour..... G.Grandsire UELN_..... Colour.....
Dam'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.....

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

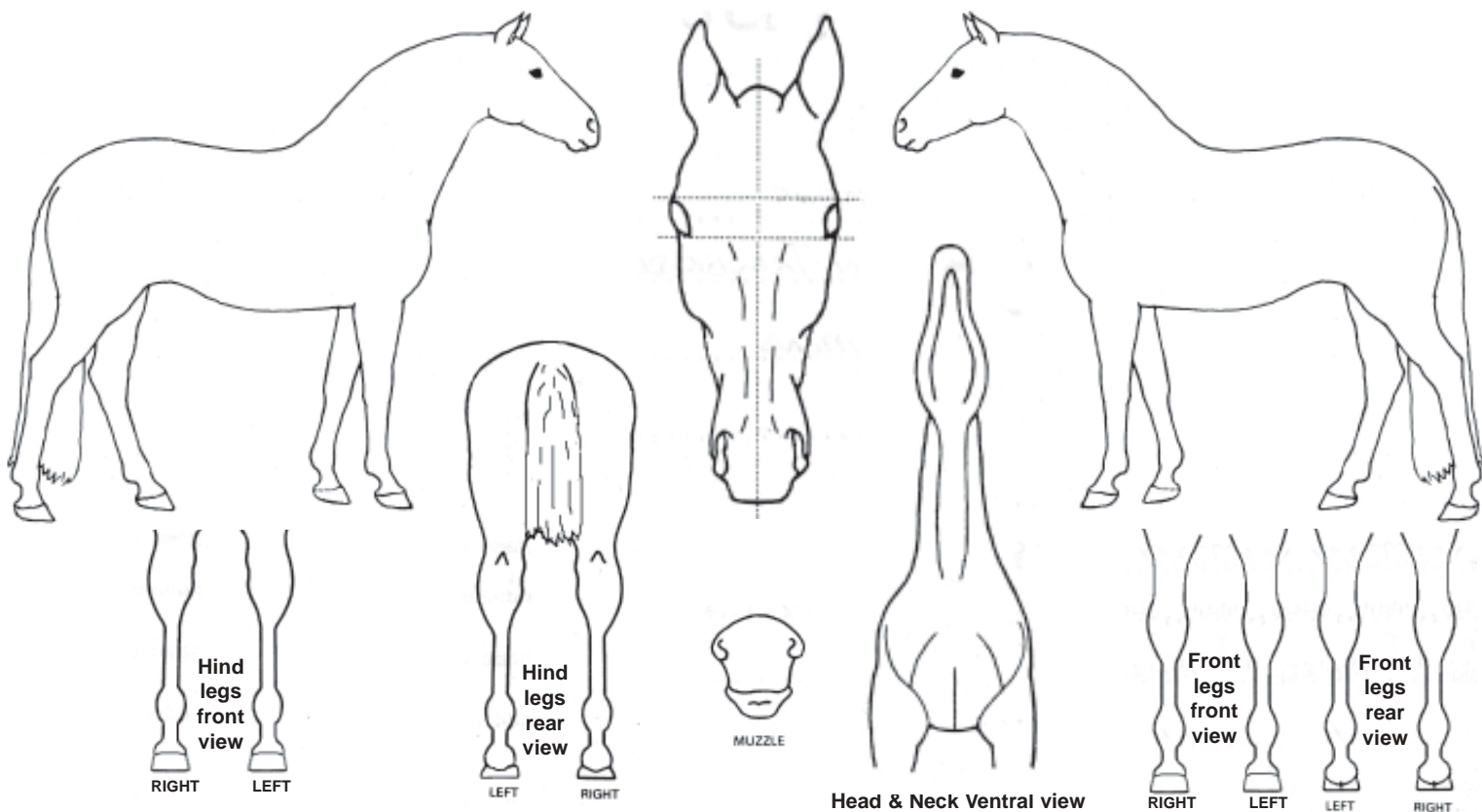
I enclose the dam's **Official Covering Certificate** , a **Copy of Non-BAPSH Registration Cert &/Or Passport for Sire/Dam** , **PSSM Negative Certificate for Sire/ Dam if Required** **Vet certified HAIR Sample for DNA Type (if Required)** , My **Horse Passport or Registration Cert** from Another Studbook for Cancellation **the Registration Fee Plus International P&P** (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 + BAPSH Ltd Pedigree Passport = £105.00 + International UPS Courier (variable)
DNA Type + Parentage Verify & PSSM1 testing are Extra if req, contact BAPSH Registrar for fees.
Late Registration fees may apply if Horse over 6 mths old & unregistered in Home Country

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 (Iris) COLOUR: **BODY SKIN COLOUR:**.....
Skin Colour Underneath Hair eg. Black, Gray, Pink, Lilac, Mottled

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		L Front	R Front	L Hind	R Hind