



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 Purebred Spanish Horse (PRE) into BAPSH Ltd PRE STUDBOOK

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 Code **COUNTRY**.....

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

FULL NAME

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

ADDRESS.....

TownCounty Post Code **COUNTRY**.....

HORSE NAME _____

UELN(FESCCR/ANCCE Passport No) _____ **PURCHASE DATE** ___/___/___

IMPORT DATE into UK ___/___/___ **DEALER/ AGENT Name** _____ **Tel.No:** _____

PLEASE FILL OUT YOUR HORSE'S COMPLETE PEDIGREE

| | | |
|--|---|--|
| Sire's Name YoB _____ Breed..... Colour..... UELN_..... | Grandsire YoB _____ Colour.....Breed..... UELN_..... | G.Grandsire UELN_..... Colour..... G.Grandsire UELN_..... Colour..... |
| | Grandsire 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..... |
| | Grandsire 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 Spanish PASSPORT (ANCCE or FESCCR) , a Copy of the Intra-Trade Travel Certificate/ Export doc. , the Transfer of Ownership or Purchase Contract or Proof of Purchase , the Carta de Titularidad or Carta de Propiedad , 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.

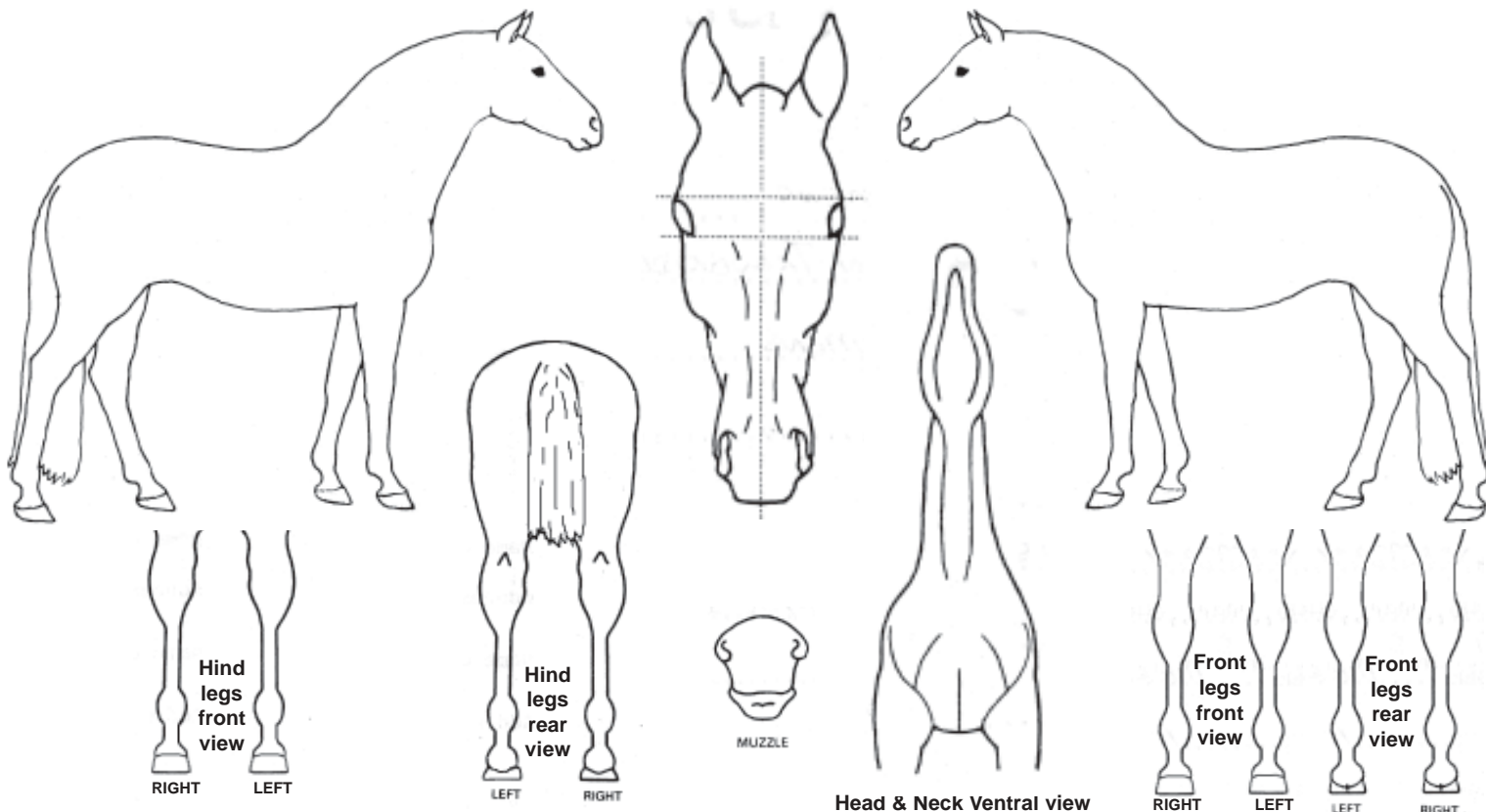
OWNER SIGNATURE.....

DATE.....

| | | | |
|---------------------------------|-------------------------------|-------------------------|-------------------------|
| OFFICE USE ONLY | | Type of Passport | |
| DATE REC ___/___/___ | ANCCE/ FESCCR/ OTHER | DATE REG ___/___/___ | |
| CARTA - ANCCE/ FR. | TravelDox: Sale Dox: DNA No.: | Mic.Active: | FEE Paid By |
| Seller Signed Unsigned Yes / No | Yes/ No EQ- | Yes / No | CHQ/ PO/ BT ___/___/___ |

FEE DUE = £100.00
Includes 'Signed For' P&P. ADD £7.00
for Return by Special Delivery
Please Pay by Cheque, Postal Order,
or Bank Transfer (Details from Office)

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 | SEX F or G or M | DATE OF BIRTH | HEIGHT | COLOUR | MICROCHIP No. (Must be Confirmed By Vet) |
|----------------------|---------------------------|----------------------|---------------|---------------|---|

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:**

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 |
| | | | | | | |