



Colt/Stallion Selection Application

Applicants/Owners must be full financial members of the AWHA Ltd.
Please print: applications that are unclear will be returned!

I wish to apply for AWHA Ltd Colt/Stallion Selection of the horse described below and enclose the fee of **\$500.00** (inclusive of GST).

Name: _____ Height: _____

Registration number: _____ Breed: _____

Date of Birth: _____ Sex: _____ Colour: _____

Markings and Scars: _____

Brands (applied):

(Near Shoulder): _____ (Off Shoulder): _____

(Other): _____ and/or Microchip No: _____

Please remember to complete the diagram overleaf.

Supporting documentation (attached as required). **Please tick.**

- | |
|--|
| <input type="checkbox"/> Original AWHA Ltd Studbook Appendix paper
<input type="checkbox"/> Veterinary examination
<input type="checkbox"/> DNA (if not previously taken)
<input type="checkbox"/> Payment made to the AWHA Ltd for Colt/Stallion Selection |
|--|

I/We hereby apply for Colt/Stallion Selection of this horse with the AWHA Ltd. The above information is true and correct to the best of my knowledge.

Name: _____

Applicant's Signature: _____

Address: _____

M/Ship No.: _____ Date: _____

Phone: _____ Email: _____



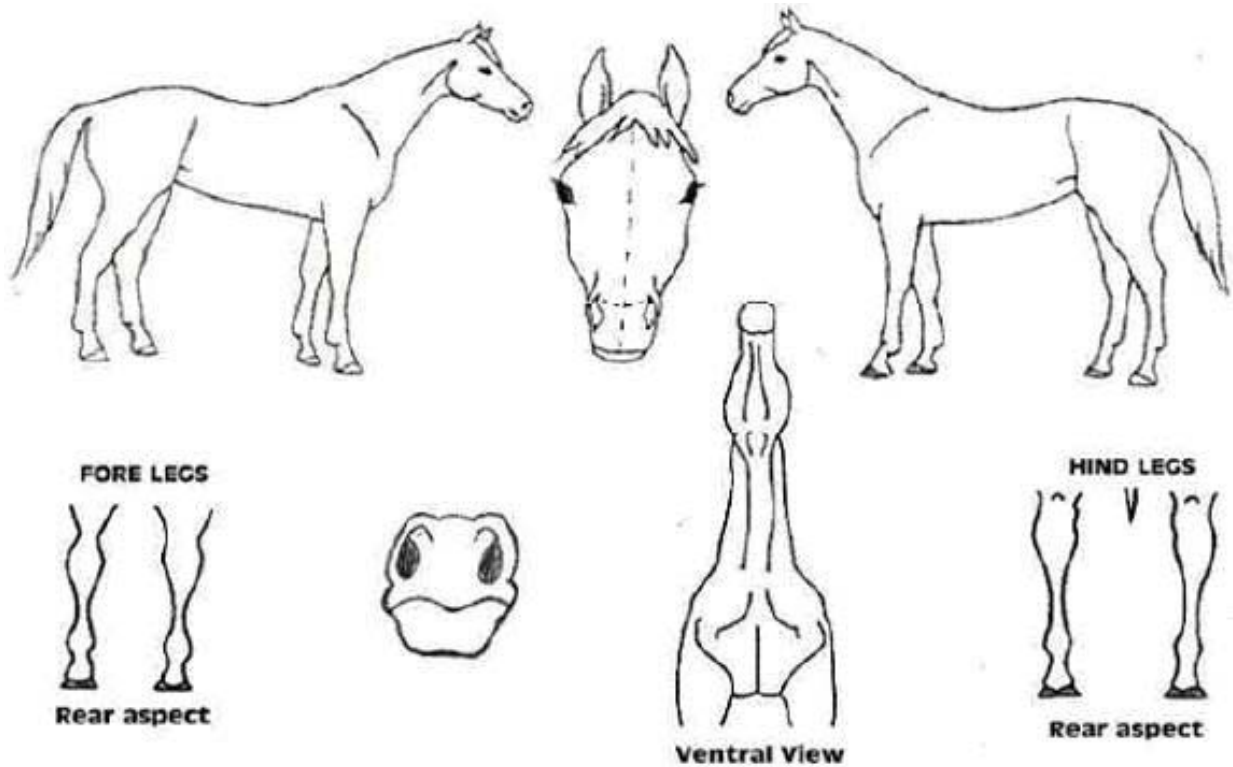
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The diagrams must be sufficiently detailed to ensure the positive identification of the animal in the future. White markings must be shown in red. If there are no markings, this fact must be stated. All head and neck whorls should be marked (X). Other whorls should be similarly recorded in grey and in animals lacking sufficient other distinguishing marks. Acquired marks and other distinguishing marks e.g. prophet's thumb mark, walleye, etc. should always be noted. If microchip implanted please mark location with an arrow.

Description of Horse

Name: _____



HOW TO PAY INFORMATION

POST: Please mail your **signed** form and cheque/money order made payable to the **AWHA Ltd** addressed to **AWHA Ltd Admin**, P.O. Box 2425, Bowral, New South Wales, 2576.

EFT: Please transfer funds to the **AWHA Ltd**, Commonwealth Bank, **BSB:** 065-522, **Account #:** 1005 4555. Please include your name in the payment details. Please **email** your **signed** form and **remittance of payment** to awhansw@acenet.com.au

This form becomes a tax invoice on payment. Please copy for your records.