

Australian Warmblood Horse Association Limited

ABN# 56 063 906 150

Tax Invoice



Passport Upgrade Application (for AWhA Ltd registered horses)

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

I/We wish to apply for a passport upgrade of the horse described below and enclose the fee of **\$25.00** (inclusive of GST).

Horse's AWhA Ltd registered name including prefix and/or suffix:

Registered names are restricted to a maximum of 28 characters including prefix and/or suffix, name and spaces.

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Does this horse have any other breed society registrations? If yes, with whom: _____

Equestrian Australia (EA) registration name (if applicable): _____

Date of birth: _____ Colour: _____ Height: _____ cms

Sex: Female Male (Gelded) Embryo transfer horse: Yes No Unknown

Markings and Scars: **REFER TO PAGE 2 FOR WRITTEN DESCRIPTION AND PAGE 3 FOR PICTORIAL DIAGRAM.**

Brands (**applied**) Near-side shoulder: _____ AFFIX MICROCHIP STICKER HERE
 Off-side shoulder: _____
 Brands – other: _____ Microchip #: _____

**Please note: the Veterinarian must complete the
 'Description of Horse' description and diagram on pages 2-3*.**

Owner(s): _____

Breeder: _____

PLEASE ENSURE PEDIGREE IS COMPLETE FOR NON-AWhA LTD REGISTERED SIRE AND/OR DAM:

Sire (Breed & Reg. No)	Sire	Sire	Sire	
		Sire	Sire	
	Sire	Sire	Sire	Sire
		Sire	Sire	Sire
Sire	Sire	Sire	Sire	
		Sire	Sire	
	Sire	Sire	Sire	Sire
		Sire	Sire	Sire
Dam (Breed & Reg. No)	Sire	Sire	Sire	
		Sire	Sire	
	Sire	Sire	Sire	Sire
		Sire	Sire	Sire



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MANDATORY SUPPORTING DOCUMENTATION. Please tick.

Clear photographs (near & off sides (inc. brands if app.), face, rear aspect)

The information contained in this passport upgrade application is true and correct to the best of my knowledge.

Name: _____ Applicant's signature: _____

Postal address: _____ M/Ship #: _____ Date: _____

_____ Phone: _____ Email: _____

HOW TO PAY INFORMATION

POST: Please mail your **signed** form and cheque/money order made payable to the **AWHA Ltd** addressed to **AWHA Ltd Registrations Administrator**, P.O. Box 86, Harrisville, Queensland, 4307.

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

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

IMPORTANT INFORMATION:

Please read the below text prior to completing the 'Description of Horse' diagram on page 3.

The diagrams on page 3 must be sufficiently detailed to ensure the positive identification of the horse in the future. **White markings must be shown in red. If there are no white markings, this fact must be stated.** All head and neck whorls should be marked (X). Other whorls should be similarly recorded in horses which may turn grey and in horse's lacking sufficient other distinguishing marks. Acquired marks and other distinguishing marks e.g. prophet's thumb mark, walleye, etc. should always be noted. If a microchip has been implanted please mark the location with an arrow.

Please use the Fédération Equestre Internationale (FEI) [Identification of Horses with the narrative and the diagram](#) document when describing the horse's markings and scars. This document is designed to simplify the identification of horses and attempt to standardise the many technical details required for the narrative and diagram for the horse's passport.

DESCRIPTION OF HORSE

Head: _____

Foreleg left: _____

Foreleg right: _____

Hindleg left: _____

Hindleg right: _____

Body: _____

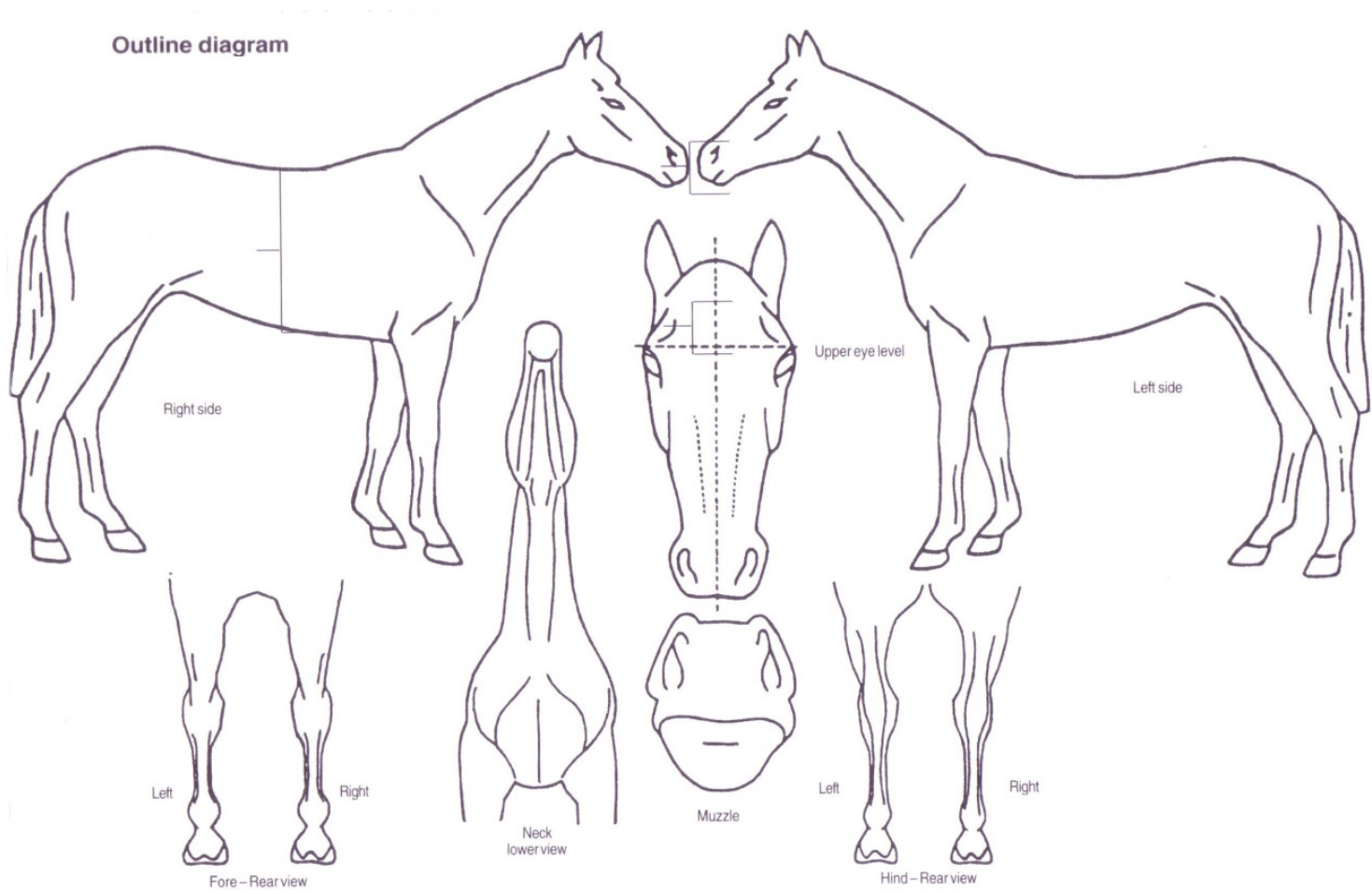
Markings: _____



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MARKINGS OF HORSE Name: _____ Colour: _____



Veterinarian's name* (please print): _____ Signed: _____

Practice/Position (use practice stamp if possible): _____ Date: _____

* A veterinarian is required to sight the horse for a passport upgrade where the initial registration application with the AWHA Ltd did not include sighting conducted by a veterinarian. In instances where a veterinarian is not required, the member is to complete the written description and pictorial diagram on pages 2 and 3.

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OFFICE USE ONLY					
DATE Rx	PAID (ETx / CHQ / MO)			ENTERED	
(Mail / Email)	Date	Batch	Amount	Date	By