



## AUSTRALIAN HAFLINGER HORSE BREEDER'S ASSOCIATION

INCORPORATED IN NEW SOUTH WALES

4, EMILY ROAD, MT VINCENT, NSW 2323. TEL: 02 4938 0333. FAX: 02 4938 0512

### THE REGISTRAR

EMAIL: [AHHBA@HUNTERVALLEY.COM.AU](mailto:AHHBA@HUNTERVALLEY.COM.AU) WEBSITE: [WWW.HAFLINGER.ORG.AU](http://WWW.HAFLINGER.ORG.AU)

# PROGENY REGISTRATION FORM

PREFERRED NAME \_\_\_\_\_

ALTERNATE NAME CHOICE \_\_\_\_\_

SEX OF FOAL **COLT** or **FILLY**

NAME OF SIRE . \_\_\_\_\_ REGISTRATION No. \_\_\_\_\_

NAME OF DAM \_\_\_\_\_ REGISTRATION No. \_\_\_\_\_

SERVICE CERTIFICATE NO \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF BREEDER \_\_\_\_\_

ADDRESS OF BREEDER \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

I WISH TO APPLY FOR FOAL RECORDING OF THE ABOVE FOAL IN ACCORDANCE WITH THE REGULATIONS OF THE ASSOCIATION

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE ATTACH A CLEAR  
"HEAD ON" PHOTOGRAPH SHOWING  
WHITE HEAD MARKINGS