



Australasian Gypsy Horse Society Inc

Application for Part Bred Registration

Please complete this form and send with payment to:

Cath Walker - Registrar
Australasian Gypsy Horse Society
PO Box 90
Oberon NSW 2787
registrar@gypsyhorsesociety.com.au

Payment of \$40 may be made via; Money Order, Cheque (made out to AGHS) or Direct Debit (National Australia Bank, Australasian Gypsy Horse Society, BSB: 084-630 A/C: 12-456-8546, EFT: please insert your name in the description). Please contact the Registrar for any further details – registrar@gypsyhorsesociety.com.au. All prices are in Australian Dollars. Please send all paperwork and payment through together.

Horse's Name: _____ Height: _____

Date of Birth: ____ / ____ / ____

Mare Stallion Gelding (If gelding, please include Certification of Castration)

Gypsy Cob Percentage: 75% 50% 25% Other: _____

Owner's Name: _____ AGHS Membership No: _____

Stud Name: _____

Address: _____

Phone: _____ Email: _____

Breeder's Name: _____ AGHS Membership No: _____

Stud Name: _____

Address: _____

Phone: _____ Email: _____

Please Note: This is an application for registration only. A Certificate of Breeding or a copy of APSB/Other approved society registration is required for initial registration. Part Breds do not require DNA. All stallion registrations must be accompanied by the Certificate of Soundness Form.

Please check appropriate pattern/colour(s) of the horse being registered:

<input type="checkbox"/> Tobiano	<input type="checkbox"/> Overo	<input type="checkbox"/> Sabino	<input type="checkbox"/> Blagdon	<input type="checkbox"/> Roan
<input type="checkbox"/> Spotted	<input type="checkbox"/> Solid	<input type="checkbox"/> Other		
<input type="checkbox"/> Black	<input type="checkbox"/> Red (chestnut)	<input type="checkbox"/> Bay	<input type="checkbox"/> Brown	<input type="checkbox"/> Grey
<input type="checkbox"/> Palomino	<input type="checkbox"/> Buckskin			
<input type="checkbox"/> Silver	<input type="checkbox"/> Champagne	<input type="checkbox"/> Pearl	<input type="checkbox"/> Double Creme	<input type="checkbox"/> Creme

Other Colour/Pattern not listed: _____

Please explain white markings: _____

Additional markings, Brands etc: _____

Micro-chip No: _____

Horse's Ancestry

Please include registration numbers and society acronyms where applicable. If a horse in the pedigree is not known, please write 'unknown'.

	GG Sire: _____	Breed: _____
Grand Sire: _____		Breed: _____
	GG Dam: _____	Breed: _____
Sire: _____	Breed: _____	Height: _____ hh
	GG Sire: _____	Breed: _____
Grand Dam: _____		Breed: _____
	GG Dam: _____	Breed: _____
	GG Sire: _____	Breed: _____
Grand Sire: _____		Breed: _____
	GG Dam: _____	Breed: _____
Dam: _____	Breed: _____	Height: _____ hh
	GG Sire: _____	Breed: _____
Grand Dam: _____		Breed: _____
	GG Dam: _____	Breed: _____

I hereby certify that the above pedigree is complete and accurate to the best of my knowledge and belief.

Any registration certificate issued in relation to above named horse will be based on the details provided in this form and will evidence only that the above named horse is registered with the Australasian Gypsy Horse Society Inc. This form and any resulting registration certificate are not evidence of ownership of the above named horse

Signature: _____ Date: ____/____/____

Payment attached: Cheque Money Order Or Online payment receipt number: _____

* Photo Details: One each of full front, full left side, full right side, and rear. Your name and the horses name printed on the back of each photo. Photos must include horse's full body from head to ground, with head up. Review "How to take photos for registration" located in the Breed Standards book or at www.gypsyhorsesociety.com.au Photos will be kept on file with your registration information. There is no refund of registration fees. If your horse is not accepted for registration you may submit it at a later date for re-evaluation at no charge. This application with photos can be submitted via email.

Office Use Only

Date application received: ____/____/____ Date submitted for approval: ____/____/____ Date approval received: ____/____/____

Registration number issued: _____ Date certificate mailed: ____/____/____