



Application to Register a Horse

HORSE:

NAME: _____ EA No: _____
BIRTH YEAR: _____ AGE: _____ yrs. BREED _____ MARE/GELDING: _____
COLOUR: _____ BRAND: _____ HEIGHT: _____ hh
MICROCHIP: _____
MARKINGS: _____

RIDER:

NAME: _____ MEMB.NO: _____ BIRTH DATE: _____
ADDRESS: _____
POSTCODE: _____ TEL.NO/S: _____
CLUB: _____ ZONE: _____

OWNERSHIP:

OWNER'S NAME: _____
PREVIOUS OWNER: _____
LEASED FROM: _____

Please indicate the card/s required and Combined Training Height:

- Showjumping
- Combined Training
- ODE
- Dressage

Has the horse previously been registered with PCAQ? Yes No or EFA Yes No

If so, existing PCAQ card numbers and/or current EA grading.....

Showjumping		ODE		Combined Training		Dressage	
Height	Points	Grade	Points	Grade	Points	Grade	Points

Secretary's Address: _____ Post code: _____

Signed: _____ (Club Secretary)

Signed: _____ (Applicant)

Please complete all sections of this form and return to PCAQ, PO Box 293, Northgate, 4013 accompanied by your cheque for \$6.00 per card

Cards will be returned to your Club Secretary