



# Registration Application

Return form to:  
AIMHCNZ Registrar: Linda Jackson  
93 Manutahi RD, RD 2, New Plymouth 4372  
Or email  
aimhcnz.registrar1@gmail.com

- **This application must be completed in its entirety, if any details are unknown - write 'unknown'.**
- **The owner as shown on existing non AIMHCNZ registration paper work is deemed as the current owner and will be recorded as the owner on the AIMHCNZ Registry, unless acceptable evidence is provided otherwise.**
- **Four current photographs preferably in digital format are required for uploading to the registry – nearside, offside, face with forelock pulled to the side, and rear view showing tail/croup/back and wither.**
- **A current valid height certificate if available.**
- **The current fee must accompany your application, these may be paid to the nominated AIMHCNZ bank account 15 3956 0672307 00 , using your Surname as reference.**

Name: (Where possible this should be the same as the registered name of the horse in the transferring registry). Not to exceed 35 characters, including spaces. Name may not duplicate that of another registered horse).

Distinguishing markings (blaze/socks etc)/brands/scars/eye colour/whirls/micro chip/etc:

Colour: (please circle or fill in as necessary) - note: AIMHCNZ reserves the right for the Registrar to define/determine the colour.

▪ Black	▪ Chestnut	▪ Buckskin
▪ Smokey Black	▪ Palomino	▪ Perlino
▪ Smokey Cream	▪ Cremello	▪ White
▪ Silver/Silver dapple	▪ Silver Bay	▪ Grey
▪ Classic Champagne	▪ Amber Champagne	▪ Gold Champagne
▪ Grullo	▪ Bay	

- ..... Dun
- ..... Roan
- ..... Appaloosa - few spot, blanket, spotted blanket, leopard, near leopard, varnish.
- ..... Pinto, pintaloosa
- Other .....

Colour DNA test results supplied: (please circle) Yes / No

Height: \_\_\_\_\_

Foaling date: \_\_\_\_\_ Sex: Filly/Mare Colt/Stallion Gelding (Date Gelded) \_\_\_\_\_

Sire: \_\_\_\_\_

Registry and Number: \_\_\_\_\_ Colour: \_\_\_\_\_

Height: \_\_\_\_\_

Owner(s) at time of service: \_\_\_\_\_

Dam: \_\_\_\_\_

Registry and Number: \_\_\_\_\_ Colour: \_\_\_\_\_

Height: \_\_\_\_\_

Owner (s) at time of service: \_\_\_\_\_

**Breeders Certificate:** If you did not own BOTH Mare and Stallion at the time of service, complete this section, or attach a service certificate. Where this is not possible please put N/A.

This is to certify that: \_\_\_\_\_

Name of Stallion

Registry & number

was bred to: \_\_\_\_\_

Name of Mare

Registry & number

On the following  
dates: \_\_\_\_\_

Name & signature of Stallion owner at time of service \_\_\_\_\_ Name & signature of Mare owner at time of service \_\_\_\_\_

Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Declaration: I/We hereby apply to register the above horse with AIMHCNZ Inc. I/We certify that all information supplied in relation to this registration application is true and correct to the best of our knowledge. I/We acknowledge that I/we have read and accept the AIMHCNZ Inc Registration policy and rules. I/We agree to the information supplied in this application, including owner and breeder details, being used by the Association for the purposes of recording registrations and managing the registry, and to the information being used in any official publication including the online registry. Furthermore, I/we accept that once this form has been lodged there will be no refund of any fees if I choose to withdraw this application.

Signatures: \_\_\_\_\_ (all to sign)

Note: Signature of parent or guardian if applicant aged under the age of 18yrs.

Date: \_\_\_\_\_