



The International Spanish Warmblood
Horse Association

OFFICE USE ONLY

Registration # _____

Authorized by: _____

Date: _____

Application for Foal Registration
(Appendix sections A and B)

Desired Name of Horse (30 characters max) _____ 2nd Choice of Name _____ Date of Birth (dd/mm/yyyy) _____ Sex _____

Microchip # _____ Colour _____ Markings per diagram _____

Surname _____ Given Names _____ Farm Name _____ + Phone # (inc Country code e.g. +44-) _____

Full postal address _____ State/County _____ Country _____

E-mail _____ Website _____

BREEDING CERTIFICATE

Name of Sire _____ Breed _____ Name of Dam _____ Breed _____

Sire's Registration # _____ Breed Registry _____ Dam's registration # _____ Breed Registry _____

Method of Breeding and dates

Please complete for Embryo Transfers:

Pasture Cover from _____ to _____

Name of Recipient mare: _____ Approval # _____

Live cover _____

Date of embryo transfer: _____

Fresh Semen _____

Signature of Vet _____ Phone _____

Frozen Semen _____

Vet's name and Address: _____

Stallion Owner: Surname _____ Given Names _____ + Phone Landline _____ + Phone Mobile _____

Full postal address _____ State/County _____ Country _____

E-mail _____

Mare Owner: Surname _____ Given Names _____ + Phone Landline _____ + Phone Mobile _____

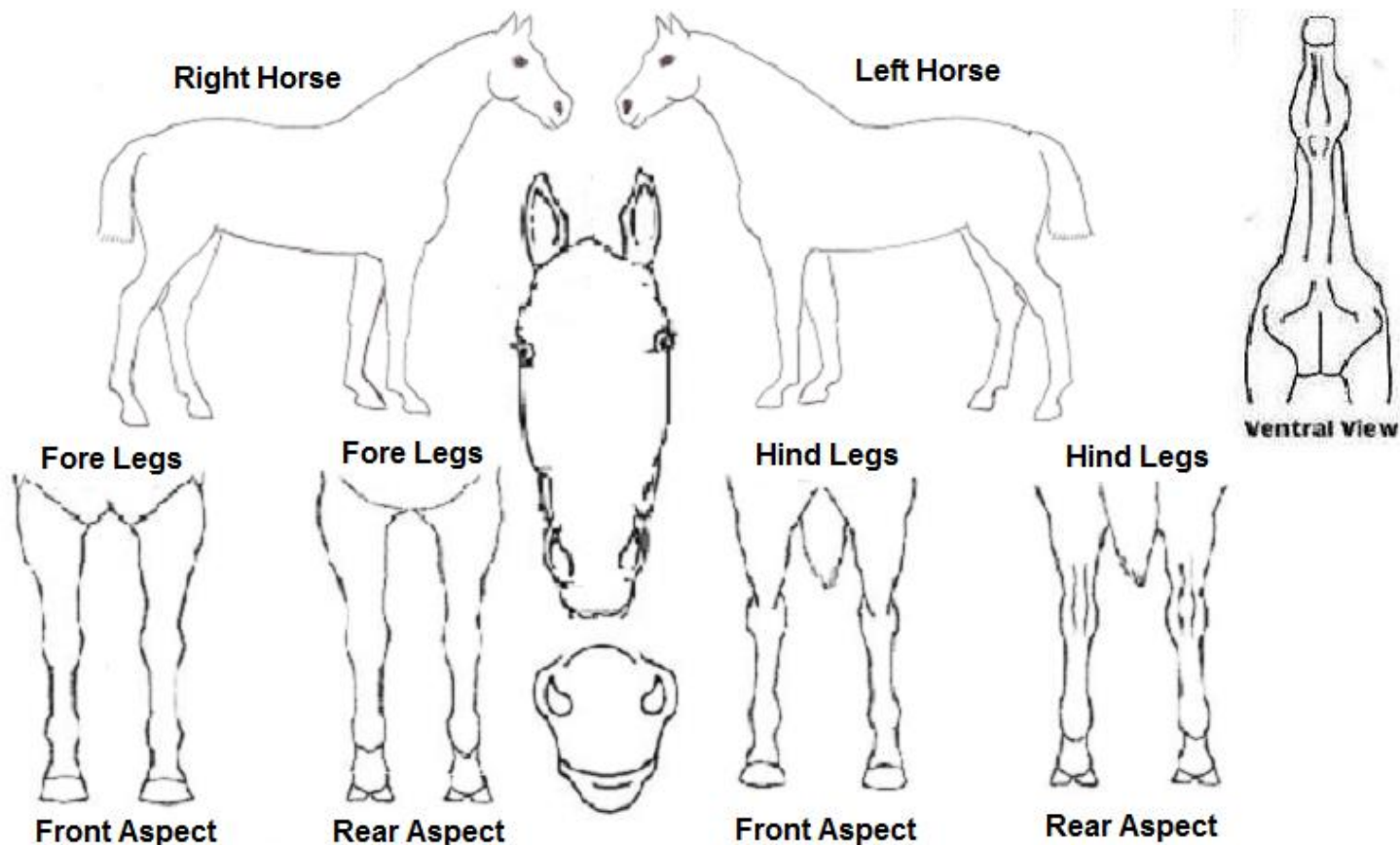
Full postal address _____ State/County _____ Country _____

E-mail _____

DECLARATION:

I certify that the Stallion named _____ was bred to the mare listed above and that all information provided on this breeding certificate is correct. Signature of Stallion owner or agent _____ Date _____ (dd/mm/yyyy)

Please clearly mark all white markings with black ink. Whorls/cowlicks may be shown with an X



Enclosed Fees

Please refer to fee chart on website

Registration Fee \$ _____

Visa/Mastercard # _____ Exp _____

Microchip Fee \$ _____

Card Holder's Name _____

DNA Fee \$ _____

Signature _____ Date _____

For PayPal payments, please use contact.ISWHA@gmail.com and attach copy of the receipt.

TOTAL \$ _____

Please remember to submit:

- Photos
- Copy of Dam's registration certificates
- Copy of Sire's registration certificates
- Copy of additional registration certificates
- If horse is registered with other registries

I certify that the information on this form is true and correct to the best of my knowledge.
I understand and agree to the rules and regulations for registration with the ISWHA.

Owner's Signature

Date (dd/mm/yyyy)

ISWHA Membership #