



Icelandic Horse Society of Great Britain

APPLICATION FORM FOR FOAL REGISTRATION & ISSUE OF PASSPORT

Part One – Stallion Serving

To be completed by the Stallion owner/keeper and given to the Mare owner after the stallion service.

NB: If the serving took place outside the UK, please fill in as far as possible and provide any available evidence of the serving taking place.

Stallion name:	
Stallion FEIF ID:	
Stallion breeding assessment:	Conformation: Ridden: Total:
Name of stallion owner:	
Name of stallion keeper (if different):	
Mare name:	
Mare FEIF ID:	
Mare breeding assessment:	Conformation: Ridden: Total:
Name of mare owner:	
Place of service:	
Dates of service:	

Stallion owner/keeper's signature:

Date:

Part Two – Foal Registration

To be completed by the Mare owner after the mare has foaled / been found not to be in foal.

This is to certify that the result of this serving is as follows (please delete): live foal / no foal / dead foal

Name(s) & address of foal's owner(s):	
Name & address to which the passport should be posted (if different):	
Contact email address:	

Foal's name:	
Registered stud name:	
Date of birth:	
Place of birth:	
Sex:	
Colour:	
Markings:	

Foal's DNA Hair sample attached? YES / NO

Mare's DNA Hair sample attached? YES / NO / NOT REQUIRED

Mare owner's signature:

Date:

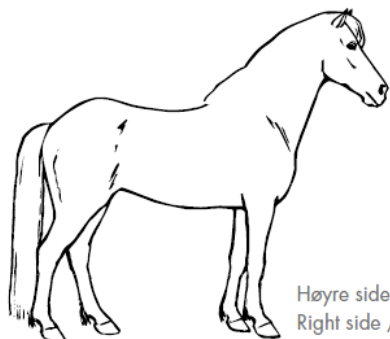
Part Three – Description of the horse

Name of horse:

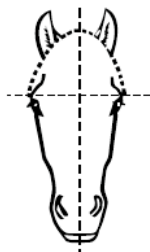
Microchip number: (Vet to affix barcode here)

IMPORTANT PLEASE READ

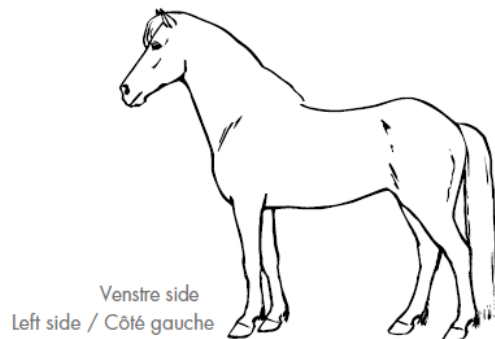
- Show all distinctive markings.
- White markings to be shown in red ink.
- Whorls to be shown with **X**.
- If no distinctive markings, at least three whorls to be shown.
- Show position of microchip by annotation of **(M)**.
- For all horses without markings and with less than three whorls, the outline of each chestnut must be drawn.



Høyre side
Right side / Côté droit



Hodets avtegninger
Facial markings / Marques faciales



Venstre side
Left side / Côté gauche

Bakbein - bakifra
Hind – rear view
Jambes postérieures – vue postérieure



Venstre
Left / Gauche

Frambein - bakifra
Fore - rear view
Jambes antérieures – vue postérieure



Venstre
Left / Gauche

Mule
Muzzle / Nez



Hals - nedeifra
Neck – from beneath
Cou – vu d'en bas

CHESTNUTS

Left Fore	Right Fore
Left Hind	Right Hind

Colour:	
Head:	
Foreleg L.:	
Foreleg R.:	
Hindleg L.:	
Hindleg R.:	
Body:	
Markings:	

I certify that the microchip implant was carried out by me and that the above description is correct.

.....
Signature of Vet

.....
Date

.....
Vet's name in capitals

.....
Location where description was drawn up

Stamp: