

Icelandic Horse Society of Great Britain

APPLICATION FORM FOR FOAL REGISTRATION & ISSUE OF PASSPORT

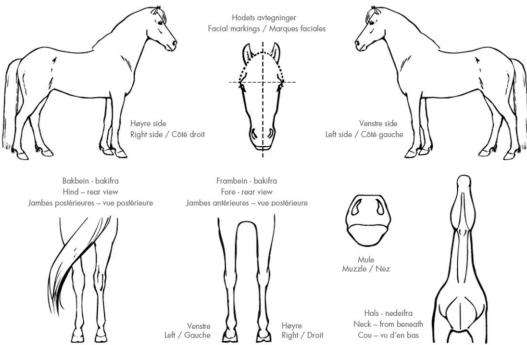
Part One - Stallion Serving

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

NR: If the serving took place outside the LIK please fill in as far as possible and provide any available

evidence of the serving takin		ras iai as possibil	and provide any available			
Stallion name:						
Stallion FEIF ID:						
Stallion breeding assessment:	Conformation:	Ridden:	Total:			
Name of stallion owner:						
Name of stallion keeper (if different	nt):					
Mare name:						
Mare FEIF ID:						
Mare breeding assessment:	Conformation:	Ridden:	Total:			
Name of mare owner:						
Place of service:		OR cove	ring by artificial insemination (AI)*			
Dates of service:						
Stallion owner/keeper's signature: Part Two – Foal Registration * NB: if the foal was conceived through artificial insemination (AI), please provide evidence from the vet which indicates that the insemination procedure was done on the mare above with semen from the stallion above.						
Name(s) & address of	,					
foal's owner(s):						
Name(s) of breeder(s):						
Name & address to which the						
passport should be posted						
(if different):						
Contact email address:						
Facile name:						
Foal's name:						
Registered stud name: Date of birth:						
Place of birth:						
Sex:						
Colour:						
Markings:						
Foal's DNA Hair sample attached?						
Are you happy for your name to be visible as the owner for your horse(s) in the WorldFengur database (the studbook database for Icelandic horses)? \Box yes \Box no						
Are you happy for this birth to be mentioned and for your name to appear as the owner in the IHSGB magazine, Sleipnir? \Box yes \Box no						
Owner's signature:	Date:					

Part Inree – Description of the norse	
Name of horse:	Gender: Stallion / Gelding / Mare
Microchip number:	(vet to affix barcode here)
IMPORTANT PLEASE READ • Show all distinctive markings.	 If no distinctive markings, at least three whorls to be shown.
 White markings to be shown in red ink. 	 Show position of microchip by annotation of (M).
• Whorls to be shown with X .	 For all horses without markings and with less than three whorls, the outline of each chestnut must be drawn.



Signature and stamp of the veterinarian or qualified person or competent authority (name in capital letters)/ Signature et cachet du vétérinaire ou de la personne qualifiée ou de l'autorité compétence (nom en lettres capitales)

1790-000 - 1229-0350				
Colour:			CHESTNUTS	
			Right Fore	Right Hind
Head:				J
Foreleg L.:				
Foreleg R.:			Left Fore	Left Hind
Hindleg L.:				
Hindleg R.:				
Body:				
Markings:				
I certify that the microch	nip implant was carried out by	me and that the above description is	s correct.	
Signature of Vet	Date	Vet's name in capitals		
		Stamp:		

Location where description was drawn up