

Maritime Bred Registry (NS) Application Form

Do not write here
Cert. # Issued

Date Issued

NAME OF HORSE:

BREED: _____ REGISTRATION NUMBER: _____ NSEF NUMBER:

OWNER'S NAME: _____ E C SPORT LICENSE NUMBER: _____

ADDRESS:

_____ POSTAL CODE:

TELEPHONE NUMBER: HOME: _____ OFFICE:

PRESENT STABLE LOCATION:

SIRE:

BREED: _____ REG. #:

SIRE'S OWNER:

OWNERS' ADDRESS:

(SIRE)

DAM:

BREED: _____ REG. #:

DAM'S OWNER:

OWNERS' ADDRESS:

(DAM)

Please turn over...

HORSE'S HISTORY

SEX: _____ HEIGHT: _____ COLOUR:

TATTOO NUMBER:

MARKINGS: _____

EC PASSPORT NUMBER:

OTHER REGISTRATIONS:

DATE OF FOALING: _____

WHERE FOALED:

DATE OF BREEDING: _____

BREEDING LOCATION:

~~~~~  
~~~~~

I, the undersigned, do hereby confirm that all information is accurate and true and that I am the present owner of the horse.

Signed: _____

Date: _____

Witness: _____

NOTE: Incomplete applications will not be processed.
Please send copies of documentation where possible.

Charges:

| | | |
|----------------------|------------|----------|
| Registry: | Member | \$ 10.00 |
| | Non-member | \$ 30.00 |
| Change of Ownership: | Member | \$ 10.00 |
| | Non-member | \$ 20.00 |

RETURN TO: NSEF
5516 Spring Garden Road, 4th Floor
Halifax, Nova Scotia
B3J 1G6