

THE NATIONAL HORSERACING AUTHORITY

TEL: (011) 683-9283 FAX: (011) 683-5548

P.O. BOX 74439

TURFFONTEIN 2140

FOAL IDENTIFICATION CERTIFICATE AND NAMING FORM

SEX	COLOUR	DATE OF BIRTH	SIRE	DAM

NAME REQUESTED (in order of preference) Please Print Clearly

1.....

2.....

3.....

4.....

N.B. Please consult the latest "Registered Names of Horses" before requesting any names.

BREEDER:
(Owner of Mare at time Foal was born)

ADDRESS:

.....

.....

DATE:..... SIGNATURE:.....

THE PICTORAL AND WRITTEN DESCRIPTION ON THE REVERSE MUST BE ACCURATELY COMPLETED

DIRECTIONS

1. Please type or print clearly in ink.
2. An application cannot be considered unless it is accompanied by the registration fee, **Certificate of Covering Form 3A** signed by the stallion owner and **Stud Book Return Part One**.
3. In date of Birth, give day, month and year.
4. For Sex of Foal write "colt" or "filly" (not "M" as this may mean Male or Mare).
5. On diagrams mark in ink the white markings of the foal; mark these as accurately as possible. White markings extended round a limb must be marked on both diagrams.
6. Be particularly accurate in showing the white markings on the heels, and at the back of the pastern.
7. Show on the diagram of the head any white markings on the forehead, face and upper and lower lips.

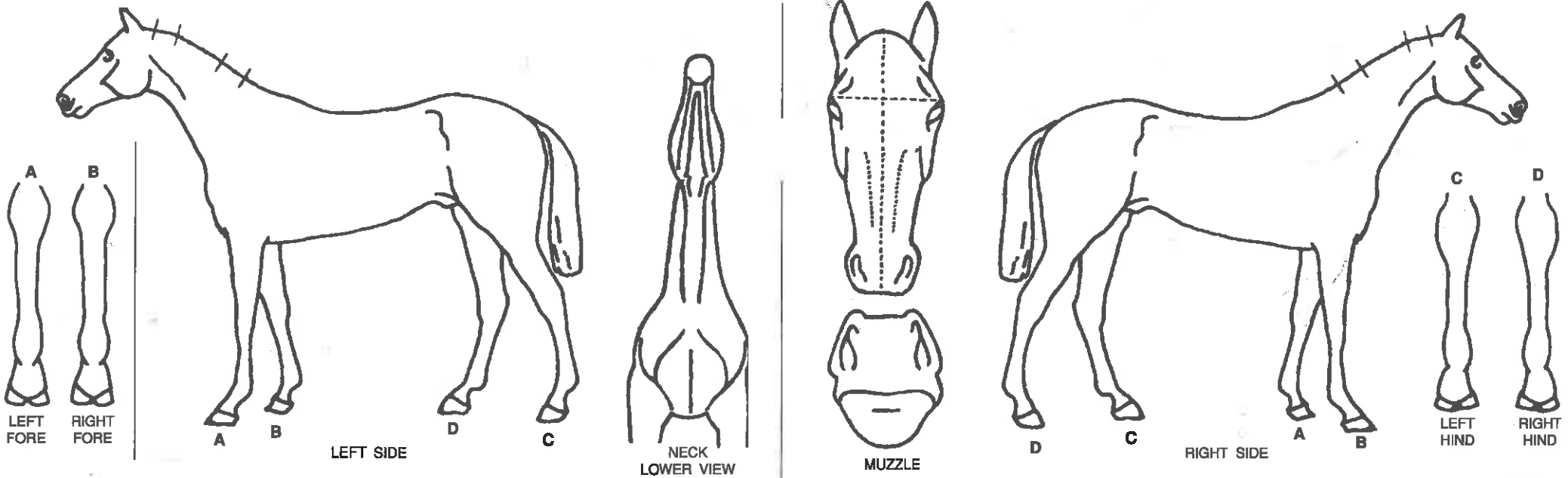
FOR OFFICE USE ONLY

Breeder Fee	:	
Stallion Fee	:	
2A	:	
3A	:	
S.B.5.	:	
Part One Return	:	
Foal Fee	:	
Annual Mare	:	

COMPLETE ON BOTH SIDES

SEX	COLOUR	DATE OF BIRTH	SIRE	DAM	REGISTERED NAME

ALL WHORLS MUST BE SHOWN AND CORRECTLY POSITIONED BY MEANS OF A CROSS



WRITTEN DESCRIPTION OF MARKINGS

HEAD _____

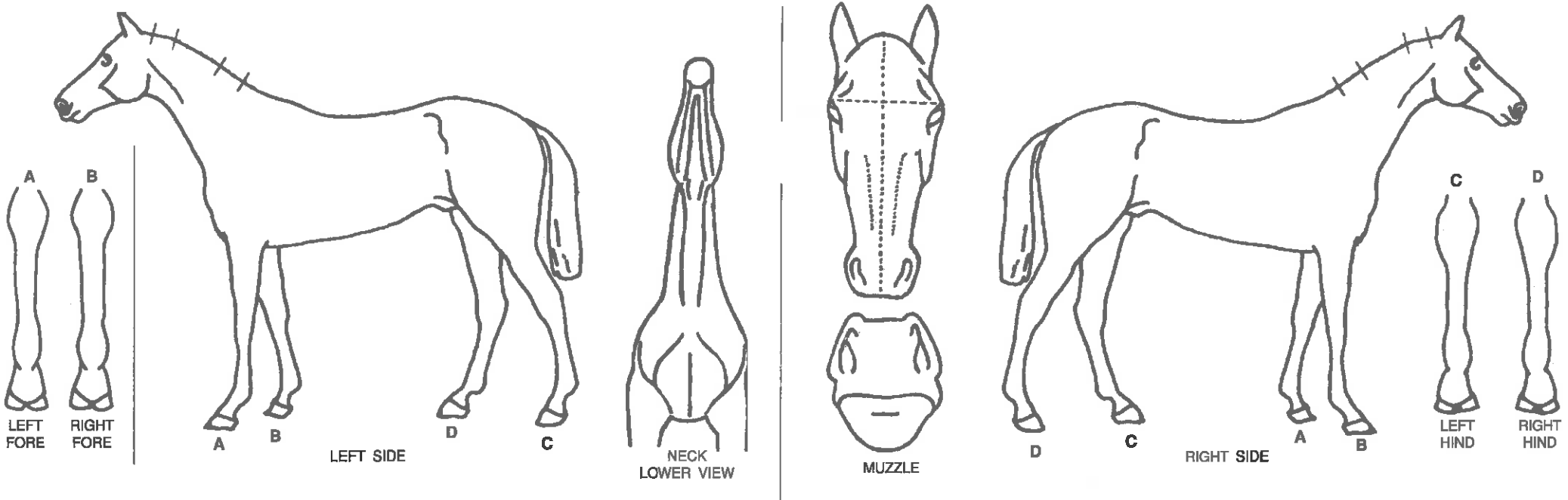
LEGS	A	LEFT FORE	HOOF
B	RIGHT FORE	HOOF	
C	LEFT HIND	HOOF	
D	RIGHT HIND	HOOF	

BODY

COMPLETE ON BOTH SIDES

SEX	COLOUR	DATE OF BIRTH	SIRE	DAM	REGISTERED NAME

ALL WHORLS MUST BE SHOWN AND CORRECTLY POSITIONED BY MEANS OF A CROSS



WRITTEN DESCRIPTION OF MARKINGS

HEAD _____

LEGS	A	LEFT FORE		HOOF
	B	RIGHT FORE		HOOF
	C	LEFT HIND		HOOF
	D	RIGHT HIND		HOOF

BODY

