

The Pony Club Association of N.S.W.

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ZONE:		BACK NUMBER (TO BE COMPLETED BY OFFICE):		
	HORSE IDE	NDIFICATION FORM		
Horse Identification forms must be jeopardise entry.	e forwarded to the PCA office with	n State Championship entries. Failure to pro	oduce a Horse ID form may	
CHAMPIONSHIP EVENT(S):				
RIDERS NAME:				
PHONE:		DATE OF BIRTH:		
ZONE:		CLUB:		
HORSE'S FULL NAME:				
IS THIS HORSE CURRENTLY HENDR	A VACCINATED: YES/NO			
MICROCHIP NUMBER (COMPULSO	RY):			
PROPERTY IDENTIFICATION CODE	(PIC):			
OWNERS NAME:			LEASED: YES/NO	
If not owned by rider please provide a				
COLOUR:		HEIGHT:		
SEX:		AGE: BREED:		
MARKINGS:				
	PRONT VIEW FORELEGS HINDLEGS	NEARSIDE REAR VIEW FORELEGS HINDLES	GS	
I certify this to be the horse entere	(Zone Chief Instru	(Championship/event). uctor) Date:	<u></u>	
Signed:	(rider if 18 years	or over) Date:		

PLEASE NOTE: Only ONE Horse ID Form will need to be completed for <u>each horse</u> (even if competing in more than one discipline). For those bringing two or more horses, you must complete a new Horse ID for each horse.

Signed: (parent/guardian if rider under 18)