

**ZONE:** \_\_\_\_\_ **BACK NUMBER (TO BE COMPLETED BY OFFICE):** \_\_\_\_\_

### HORSE IDENTIFICATION FORM

Horse Identification forms must be forwarded to the PCA office with State Championship entries. Failure to produce a Horse ID form may jeopardise entry.

RIDERS NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ZONE: \_\_\_\_\_ CLUB: \_\_\_\_\_

HORSE'S FULL NAME: \_\_\_\_\_

PLEASE PROVIDE A COPY OF YOUR HENDRA VACCINATION CERTIFICATE, IF VACCINATED.

MICROCHIP NUMBER: \_\_\_\_\_

PROPERTY IDENTIFICATION CODE (PIC): \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ LEASED: YES/NO

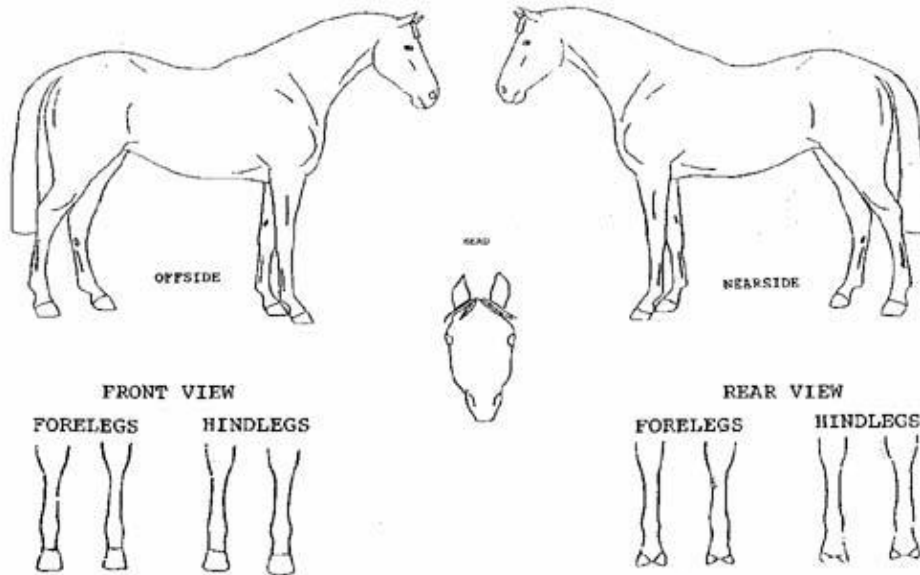
If not owned by rider please provide a copy of the lease agreement

COLOUR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ BREED: \_\_\_\_\_

MARKINGS: \_\_\_\_\_

BRANDS: \_\_\_\_\_



I certify this to be the horse entered by the above riding member for the \_\_\_\_\_

(Championship/event).

Signed: \_\_\_\_\_ (Zone Chief Instructor) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (rider if 18 years or over) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (parent/guardian if rider under 18) Date: \_\_\_\_\_