

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

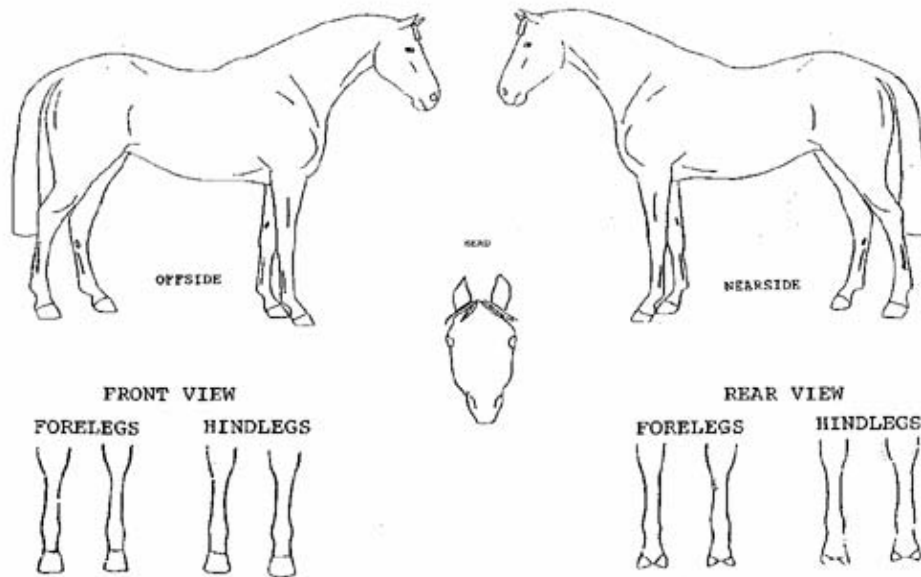
If not owned by rider please provide a copy of the lease agreement

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: _____