



EQUESTRIAN
SOUTH AUSTRALIA

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ABN 82 278 539 230

DATE: _____ VENUE: _____

HORSES NAME: _____

REGISTRATION NO: _____

MICROCHIP NO: _____

FOALING DATE/YEAR: _____

OWNER/RESPONSIBLE PERSON: _____

MEMBERSHIP NO: _____

Does horse's colour/brands/microchip/markings match horse registration description? YES/NO

1st Measure - Time In	1st Measure - Time Out	Height in cm's	Height in HH	Shoe Allowance Used Y/N?
2nd Measure - Time In	2nd Measure - Time Out	Height in cm's	Height in HH	Limited – 6mths

MEASURING STEWARD: _____

SIGNATURE: _____

MEASURER: _____

SIGNATURE: _____