

TRAKEHNER BREEDER' FRATERNITY REGISTRATION FORM & PASSPORT APPLICATION



Please complete this form clearly in capitals and black ink

PREFIX		NAME		•		COLOUR	DATE B	ORN	SEX	FAMILY NA	AME (Trakehners only	у)
UELN For Office Use SIRE: BREEDER: REG. BREEDER UELN DOB CO HT BO	SOC.		GRANDSIRE: GRAND DAM:			have 90 days to send The fully complete include the microc The full fee due fo Members can regi For part bred pass a photocopy of the and a full copy of t A Prefix can only t fithe name has be III) Late registrations	d registration ip sticker. the registration the registration of th	tion. See payment red foal at the reductions, provide document ages which details apage. The breeder and only ore, then you may be	options below ced fee of £70. nentary eviden the studbook t if registered w e asked to cho	ce of the foal's r ney are register ith the Central F pose another, or	reterinary surgeon and which non Trakehner sire or dam in ed with, their registration nur Prefix Register through the T have numerals attached (e.	ncluding Imber IBF.
DAM: BREEDER:			GRANDSIRE:				is not regis	stered with the TBI	F you must su		ppy of the parentage page	s of
REG. BREEDER	SOC.				Pau	Registrar: Janaway		Payment can Cheque payab	le to "Trake	hner Breede	rs Fraternity"	
	OLOUR ONE		GRAND DAM:		Field Estr Tel: or 0	emar Equestrian dend Lane onwick, Hull, HU12 01964 671043 7801 417883 strar@trakehners.u		Paypal online http://www.trakpayment.html Online Banking Sort Code: 30- Lloyds Bank p	cehners.uk. g to: TBF A 95-89	com/registrat	ion/registration-online- 18573	
REGISTRATION	FEES [DUE:	PURE BRED FOA (inc Branding fee	LS = £100 (non	mer	nbers) £70 (mem	oers)			of breeder	PART BRED FOALS	S = £50
MEMBERSHIP F			FULL = £30 JUN					Please join o	akehners.u		nbership/membership	p.html
Breeder's Name Mr/Mrs/Ms/ Othe Forename: Surname: Address:		ress (inc	postcode)	Owner's Name Mr/Mrs/Ms/ Oth Forename: Surname: Address:		Address (if differen	:)	documen	at the abov ts is true a passport	nd I have no for the foal	ION on, and all the suppor ot applied for any othe in question.	er
Postcode Tel: Email:				Postcode Tel: Email:				Print name_			(or applied for)	

A: ANIMAL IDENTIFICATION TO BE COMPLETED BY A VETERINARY SURGEON

(15) Fore Rear view Antérieurs Vu postérieure Left Gauche	(12) Right side Côté droit (14) Upper eye level Ligne supérieure des yeux (17) Muzzle Nez Lower view Encolure Vue inférieure	(18) Hind Rear view Postérieurs Vue	Signature and stamp of the veterinarian or qualified person or competent authority (name in capital letters)/ Signature et cachet du vétérinaire ou de la personne qualifiée ou de l'autorité compétence (nom en lettres capitales)
Microchip Number: It is a statutory r section above. Th	PLEASE AFFIX BARCODE STICKER HERE equirement that a qualified veterinary surgeon and member of the e same veterinary surgeon is responsible for the completion of the		s application and it was: nted today (tick one)
	B: ANIMAL DI	ETAILS	
Animal name:			
Colour:		Sex:	
Date of Birth:	D_D_/M_M_/Y_Y_Y_Y COUNTRY OF BIRTH:	JEA.	
PLACE OF BIRTH:			
Species:		D: CHESTNUTS FOR HORSES WI	
SPECIES.			
	C: SIRE AND DAM IF KNOWN	FORELEG LEFT	FORELEG RIGHT
SIRE - UELN:			
SIRE - NAME:			
Dam - UELN:			
DAM - NAME:		HINDLEG LEFT	HINDLEG RIGHT
	FOR OFFICE USE ONLY		
	TOR OTTICE OSL ONLI		

Please continue onto the next page.

COMPLETE IN BLOCK CAPITALS IN BLACK INK

	ANIMAL IDENTIFICATION (continued)
Animal name:	
	E: ANIMAL DESCRIPTION
HEAD:	
FORELEG L:	
Foreleg R:	
ORELEG N.	
HINDLEG L:	
1INDLEG L:	
INDLEG R:	
BODY:	
∕ARKINGS:	
	5 OFFICIAL CICALITUDE AND CTAMB
IGNATURE OF OUR US	F: OFFICIAL SIGNATURE AND STAMP FIED PERSON / VETERINARY SURGEON (NAME IN CAPITAL LETTERS): STAMP OF ISSUING BODY OR COMPETENT AUTHORITY:
MANUFACE OF QUALIF	22. 2.3.3.7. 2.2.2.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Date	OF EXAMINATION: DD D / M M / Y Y Y Y