



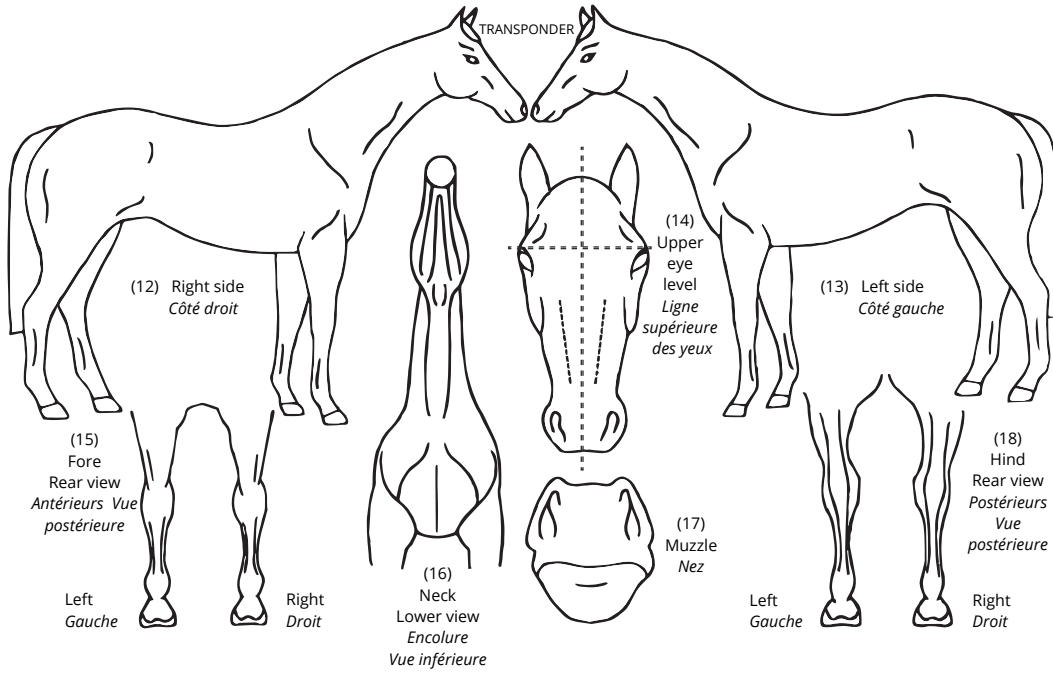
# TRAKEHNER BREEDER' FRATERNITY REGISTRATION FORM & PASSPORT APPLICATION



Please complete this form clearly in capitals and black ink

PREFIX	NAME	COLOUR	DATE BORN	SEX	FAMILY NAME (Trakehners only)		
<b>UELN For Office Use Only</b>		<b>Notes:</b> You have <b>90 days</b> to send to the Registrar the following:- <ol style="list-style-type: none"> <li>1. The fully completed registration document and ID Sheet (2016) completed by a veterinary surgeon and which must include the microchip sticker.</li> <li>2. The full fee due for the registration. See payment options below.</li> <li>3. You must be a member of the TBF to register a horse.</li> <li>4. For part bred passport applications, provide documentary evidence of the foal's non Trakehner sire or dam including a photocopy of their passport pages which details the studbook they are registered with, their registration number and a full copy of their pedigree page.</li> <li>5. A Prefix can only be used by the breeder and only if registered with the Central Prefix Register through the TBF.</li> <li>6. If the name has been used before, then you may be asked to choose another, or have numerals attached (e.g. Dolly III)</li> <li>7. Late registrations will require DNA Testing.</li> <li>8. For rules when using frozen and imported semen please refer to website. <a href="http://www.trakehners.uk.com">www.trakehners.uk.com</a></li> <li>9. <b>If the mare or sire is not registered with the TBF you must supply a photocopy of the parentage pages of their passports.</b></li> </ol> <p style="text-align: center;"><b>For Queries and return of forms please contact:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <b>TBF Registrar:</b>            Paul Janaway            Braemar Equestrian            Fieldend Lane            Estronwick, Hull, HU12 9BX            Tel: 01964 671043            or 07801 417883            registrar@trakehners.uk.com         </td> <td style="width: 50%; border: none;"> <b>Payment can be made by:</b>            Cheque payable to "Trakehner Breeders Fraternity"            Paypal online on our website  <a href="http://www.trakehners.uk.com/registration/registration-online-payment.html">http://www.trakehners.uk.com/registration/registration-online-payment.html</a> <input style="float: right;" type="checkbox"/>            Online Banking to: TBF A/C No: 00618573            Sort Code: 30-95-89 <input style="float: right;" type="checkbox"/>            Lloyds Bank plc         </td> </tr> </table>				<b>TBF Registrar:</b> Paul Janaway Braemar Equestrian Fieldend Lane Estronwick, Hull, HU12 9BX Tel: 01964 671043 or 07801 417883 registrar@trakehners.uk.com	<b>Payment can be made by:</b> Cheque payable to "Trakehner Breeders Fraternity" Paypal online on our website <a href="http://www.trakehners.uk.com/registration/registration-online-payment.html">http://www.trakehners.uk.com/registration/registration-online-payment.html</a> <input style="float: right;" type="checkbox"/> Online Banking to: TBF A/C No: 00618573 Sort Code: 30-95-89 <input style="float: right;" type="checkbox"/> Lloyds Bank plc
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<b>SIRE:</b>  <b>BREEDER:</b> <b>REG. BREEDER SOC.</b>						<b>GRANDSIRE:</b>  <b>GRAND DAM:</b>	
<b>UELN</b> <b>DOB</b> <b>COLOUR</b>  <b>HT</b> <b>BONE</b>							
<b>DAM:</b>  <b>BREEDER:</b> <b>REG. BREEDER SOC.</b>		<b>GRANDSIRE:</b>  <b>GRAND DAM:</b>					
<b>UELN</b> <b>DOB</b> <b>COLOUR</b>  <b>HT</b> <b>BONE</b>							
<b>REGISTRATION FEES DUE:</b>		<b>PURE BRED FOALS = £100 (inc Branding fee but excluding travel)</b> <i>Please note that branding is optional and only at the request of breeder</i>		<b>PART BRED FOALS = £50</b>			
<b>MEMBERSHIP FEES:</b>		<b>PURE BRED (FULL) = £30 PART BRED (ASSOCIATE) = £25</b>		Please join online at: <a href="http://www.trakehners.uk.com/membership/membership.html">http://www.trakehners.uk.com/membership/membership.html</a>			
<b>Breeder's Name &amp; Address (inc postcode)</b> Mr/Mrs/Ms/ Other Forename: Surname: Address:  Postcode Tel: Email:		<b>Owner's Name &amp; Address (if different)</b> Mr/Mrs/Ms/ Other Forename: Surname: Address:  Postcode Tel: Email:		<b>DECLARATION</b> I declare that the above information, and all the supporting documents is true and I have not applied for any other passport for the foal in question.  Signed _____  Print name _____  TBF Membership no _____ (or applied for)			

**A: ANIMAL IDENTIFICATION** TO BE COMPLETED BY A VETERINARY SURGEON



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:

**PLEASE AFFIX BARCODE STICKER HERE**

Pursuant to Commission Regulation (EC) 262/2015 I can confirm that I read the microchip for the animal identified on this application and it was:

Previously implanted  Implanted today  (tick one)

It is a statutory requirement that a qualified veterinary surgeon and member of the Royal College of Veterinary Surgeons (RCVS) verifies the identification section above. The same veterinary surgeon is responsible for the completion of the written description which can be found in section E of this application.

**B: ANIMAL DETAILS**

ANIMAL NAME:

COLOUR:  SEX:

DATE OF BIRTH:  COUNTRY OF BIRTH:

PLACE OF BIRTH:

SPECIES:

**D: CHESTNUTS** FOR HORSES WITHOUT MARKINGS & LESS THAN THREE WHORLS

**C: SIRE AND DAM** IF KNOWN

SIRE - UELN:

SIRE - NAME:

SIRE - NAME:

SIRE - NAME:

DAM - UELN:

DAM - NAME:

DAM - NAME:

DAM - NAME:

FORELEG LEFT	FORELEG RIGHT
HINDLEG LEFT	HINDLEG RIGHT

**FOR OFFICE USE ONLY**

Please continue onto the next page.

ANIMAL IDENTIFICATION (continued)

ANIMAL NAME:

Grid for animal name

E: ANIMAL DESCRIPTION

HEAD:

Grid for head description (6 rows)

FORELEG L:

Grid for foreleg L description (2 rows)

FORELEG R:

Grid for foreleg R description (2 rows)

HINDLEG L:

Grid for hindleg L description (2 rows)

HINDLEG R:

Grid for hindleg R description (2 rows)

BODY:

Grid for body description (6 rows)

MARKINGS:

Grid for markings description (5 rows)

F: OFFICIAL SIGNATURE AND STAMP

SIGNATURE OF QUALIFIED PERSON / VETERINARY SURGEON (NAME IN CAPITAL LETTERS): STAMP OF ISSUING BODY OR COMPETENT AUTHORITY:

Signature box with date of examination sub-field: DATE OF EXAMINATION: DD / MM / YYYY

Stamp box