



DATE: / /

VENUE:

SHOW HORSE COUNCIL of WESTERN AUSTRALIA INC.

ABN 72076998511

APPLICATION FOR SHOW HORSE COUNCIL CERTIFICATE OF HEIGHT

Type of Certificate requested (please circle) – Provisional, Annual or Life

I/We the undersigned hereby make application to have the horse / galloway / pony detailed below measured in accordance with the SHC Measuring Scheme Rules.

SHC NATIONAL SADDLE HORSE REGISTERED HORSES:

FEES: Provisional & Annual Certificate: \$10 Life Certificate: \$50

HORSES HOLDING REGISTRATION/S OTHER THAN SHC N.S.H.R.:

FEES: Provisional & Annual Certificate: \$10 Life Certificate: \$50

NAME OF HORSE:

REGISTRATION: REG. NO:

SEX: COLOUR: FOALING DATE:

BRANDS:

Please draw as visible on the horse.

Near Side	Off Side

M/Chip No: (If applicable)

NAME OF OWNER:

ADDRESS OF OWNER:

..... P/CODE: Ph.

Tick Box - a) or b)

a) The horse detailed above DOES NOT HOLD a current Limited, Annual or Life Measurement Certificate issued by the SHC or any other Organization or Breed Society.

b) The horse detailed above DOES HOLD a CURRENT MEASUREMENT CERTIFICATE Issued by: at the height of (Organisation or Breed Society)

I/We declare to have read and understand the SHC Measuring Scheme Rules and agree to abide by the Rules and Regulations which apply to any Horse / Galloway / Pony measured under this Scheme.

All information supplied by the Applicant shall be true & correct.

Print Name of Applicant:

Signature of Owner/Lessee/Agent:

This form is to be completed in all respects and presented for Measurement with appropriate fee

MEASURER/S TO COMPLETE: Certificate Issued (please circle) – Provisional, Annual or Life

Measurement: hh Cm.

Measurer/s Names: