



Date Received: / /

SHOW HORSE COUNCIL of WESTERN AUSTRALIA INC.

ABN 72076998511

APPLICATION FOR REPLACEMENT OF SHOW HORSE COUNCIL CERTIFICATE OF HEIGHT

I/We hereby make application for Replacement of the Official S.H.C. Measuring Certificate issued for the Horse:

_____ Reg. No. _____
(Name of Horse)

Venue Measured: _____ Date: _____

Height recorded: _____

No. Certificate Issued:

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PROVISIONAL Yes / No
ANNUAL Yes / No

LIFE Yes / No

Reason Replacement required:

FEE

National Saddle Horse Registered Horse: Provisional & Annual \$10; Life \$50.

Horse holding other Registration/s and not holding N.S.H.R.: Provisional & Annual \$10; Life \$50

DETAILS OF HORSE: 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.

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.

Signature of Owner/Lessee/Agent:

**Return completed Form and Applicable Fee to the Chief Measurer C/-
SHC WA Inc. PO Box 1290 West Leederville WA 6910**

Date Issued:
No. of Certificate Issued:

OFFICE USE ONLY

..... hh
..... cm