



A STALLION CLASSIFICATION

In order for your stallion to be registered for breeding purposes, the following must be received in the PHANZ Office.

1. DNA test must be carried out before the stallion is used for breeding purposes.
2. PHANZ Veterinary certificate completed by a veterinarian. 3. The horse's registration papers (a new set will be issued once advanced).
4. Two recent photos near and off side. (Four if previously unregistered).
5. Classification fee of \$220.00. This must accompany the application.
6. DNA Testing Fee or results must be provided before classification can proceed.
7. 5 Panel Test Fee or results must be provided before classification can proceed.

**** ANY COLT USED FOR BREEDING PURPOSES BEFORE BEING CLASSIFIED MAY INCUR A PENALTY FEE OF \$1000.00. ANY RESULTING FOAL WILL NOT BE REGISTERED UNTIL THIS PENALTY FEE IS PAID.*****

Stallions Name: _____ Rego No: _____

Owners Name: _____

Address: _____

Phone: () _____ Membership No: _____

I enclose herewith fees of \$_____ for the above-named stallion including:

Classification fee enclosed \$220.00

Payments can be made by internet banking account: Westpac 03-0474-0456501-00

Completed PHANZ Veterinary Certificate

DNA test results attached

5 Panel test results attached

Signed (owner): _____ Date: ____/____/____

OFFICE USE ONLY:

DATE RECEIVED: ____/____/____

RECORDS UPDATED / NEW CERTIFICATE PRINTED ____/____/____



VETERINARY CERTIFICATE

Owners Name: _____

Address: _____

Horse's Name: _____

Registration #: _____ Sex: _____ Age: _____

Colour: _____ Height: * _____

* Minimum height for all horses 2 years and older – 14hh.

Severe Hereditary Deformities Yes / No

If Yes please describe: _____

Does this horse singlefoot or pace? Yes / No

Extreme Parrot Mouth Yes / No

Does the stallion have both testicles fully descended? Yes / No

Any other apparent defects _____

Horse Identified from Certificate of registration Yes / No

If No please attached a signed photograph or certificate of description.
(To be completed in full before acceptance by PHANZ.)

Signature: _____ Date: ____/____/____

Printed name of Veterinarian: _____

Name and Address of Veterinary Clinic: _____

NB: Stallion owners please note a cryptorchid or monorchid stallion is not eligible for 'Stallion Classification' registration.

OFFICE USE ONLY:

DATE RECEIVED: ____/____/____ RECORDS UPDATED / NEW CERTIFICATE PRINTED ____/____/____