

Date:     /     /

Venue: .....

**SHOW HORSE COUNCIL OF AUSTRALASIA INC.**

ABN 51 590 953 920

**APPLICATION FOR ANNUAL OR LIFE HEIGHT CERTIFICATE**

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

**NATIONAL SADDLE HORSE REGISTERED HORSES:**

**FEES: Provisional & Annual : \$10 Life: \$15.**

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

**FEES: Provisional & Annual : \$15 Life: \$20.**

NAME OF HORSE: .....

REGISTRATION: ..... REG. NO: .....

SEX: ..... COLOUR: ..... FOALING DATE: .....

**BRANDS:** Please draw as visible on the horse.

Near Side	Off Side
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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 Provisional, 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 & agree to abide by the Rules & 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 as Owner/Lessee/Agent: .....

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

**OFFICE USE ONLY**

Annual		.....hh	..... Cm.	Measurer: .....
Life				