

Date: / /

Venue:

**SHOW HORSE COUNCIL OF AUSTRALASIA INC.**

ABN 51 590 953 920

**APPLICATION FOR PROVISIONAL OR ANNUAL MEASUREMENT**

I/We the undersigned hereby make application to have the horse/galloway/pony detailed below measured in accordance with the SHC Measuring Scheme Rules and declare that we have read, understood and agree to abide by these rules.

**NATIONALSADDLEHORSEREGISTEREDHORSES:FEES: Provisional & Annual:\$15. LIFE \$75**  
**HORSES HOLDING REGISTRATION/S OTHER THAN N.S.H.R.: FEES: Provisional & Annual: \$15.**

NAME OF HORSE: .....

REGISTERED WITH: .....REG. NO: .....

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

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

|     |     |
|-----|-----|
| N/S | O/S |
|-----|-----|

MARKINGS: .....

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 or Annual measurement issued by the SHC or any other Organisation or Breed Society.

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

|                          |
|--------------------------|
| If SHC Cert. No. & Date: |
|--------------------------|

**Print name of applicant** .....

**Signature as Owner/Lessee/Agent:** .....

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

**OFFICE USE ONLY**

**Please Print Clearly**

**Measurer's Signature**

**Card Issued**

**If required to return - 1st Measure:**

Time:.....

Height:.....

Comment.....

Measurer.....

|                     |
|---------------------|
| Measurer:           |
| .....               |
| SHC Representative: |
| .....               |

|                             |
|-----------------------------|
| Provisional - Annual - LIFE |
| .....                       |

**If required to return - 2nd Measure:**

Time:.....

Height:.....

Comment.....

Measurer.....

**Receipt Issued & Stewards Sign.**

|             |
|-------------|
| Receipt No: |
| .....       |
| Steward:    |
| .....       |

**Height Issued At:**

|          |
|----------|
| .....hh  |
| .....cm. |