

**ICELANDIC HORSE ASSOCIATION OF AUSTRALIA INC.
REGISTRATION FORM**

Today's date:			
BREEDER/OWNER INFORMATION			
Owner/Breeder Last name:	First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Street address:			Phone number:
P.O. box:	City:	State:	Post Code:
E-mail:			Worldfengur Owner/Breeder No (if known):
HORSE INFORMATION			
Horse Name:		Birth date: / /	FEIF (if known):
Sex:	<input type="checkbox"/> Mare <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding	Date Gelded:	
Colour:	Markings:	Freezebrand:	Michro chip number:
DNA/Blood Case number (if known)			
<p>Markings</p>			
Sire Name:	Sire FEIF:	Dam Name:	Dam FEIF:
Seller (if applicable):	Date of Sale: / /	PLEASE ATTACH: <input type="checkbox"/> 1-3 colour photos (e-mail) to verify the colour <input type="checkbox"/> DNA test if tested (COPY)	

PLEASE SEND TO NELE KOEMLE (Registrar): 466 Garvoc-Laang Rd, Garvoc, VIC 3265; Mobile number: 0429 017 958
 OR e-mail to: nele.koemle@gmx.net OR info@icelandichorses.org.au