



APPLICATION FOR STALLION UPGRADE

Name of horse: _____ Registration #: _____

Foaled: __/__/____ Height: ____ hh Colour: _____ Micro-chip: _____ Brands: _____

Owner's Details

Name: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: (____) _____ Email: _____

Signature: _____ Date: __/__/____

1. This form must be accompanied by the **original Foal Registration Certificate** – please **post to IPHS**, a copy of the certificate is not acceptable.
2. Include 4 clear photos: 1 nearside, 1 offside, 1 front, 1 rear. Emailed photos in JPEG format preferred; photos printed on photo quality paper are acceptable
3. Appropriate fee to be paid. Payments received are considered 'pending' until applications are approved and finalized. Payments will be returned promptly should any application be declined.
4. Where owner is under 18 years parent/guardians' signature is required.
5. This form must be accompanied by a current, completed IPHS Inc Certificate of Health unless Stallion has been previously upgraded with another Society and a copy of proof is supplied with this application.

Upon signing I hereby certify that the above particulars are to the best of my knowledge and belief are true in every aspect. I also agree that it is at the discretion of the IPHS Inc Executive Committee to accept or reject this application as per the IPHS Inc Rules & Regulations, section 9 (c): REGISTRATION AND RECORDING Upgrade from Foal Recording.

Upgrade fees

Stallion **\$50.00**

Payment Details

Bank Transfer
PayPal
Cheque
Cash

Post To

The Registrar, IPHS Inc.
PO Box 457
Beaudesert Q 4285
IPHS_pintos@outlook.com

OFFICE USE ONLY

Processed By: _____
Processed Date: _____
Receipt #: _____
Registration #: _____
Upgrade Approved: Yes/ No

Independent Pinto



Horse Society Inc

CERTIFICATE OF HEALTH

Name of horse: _____ Registration #: _____

Foaled: __/__/____ Height: ____ . ____ hh Colour: _____ Micro-chip: _____ Brands: _____

Owner's Details

Name: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: (____) _____ Email: _____

Vet details

I, _____ of _____
(name of Veterinarian, B.V.S) (practise)

(address) (contact number)

Have examined the above-mentioned horse:

Parrot Mouth ☐ Yes ☐ No

Undershot Jaw ☐ Yes ☐ No

Polydactylism ☐ Yes ☐ No
(Cloven hoof)

Post Hocks/ Legs ☐ Yes ☐ No

Sickle Hocked ☐ Yes ☐ No

Cow Hocked ☐ Yes ☐ No

Any other defects or comments: _____

If stallion, Two fully descended testicles ☐ Yes ☐ No

Note: A cryptorchid or monorchid stallion is not eligible for registration (to be completed in full before submitted to the Independent Pinto Horse Society Inc.).

Veterinarian's Signature: _____ Date: __/__/____