

PONY DETAILS:	
UELN/STUDBOOK No:	DATE OF BIRTH:
REGISTERED NAME OF PONY:	
NAME OF OWNER:	MEMBERSHIP No:
ADDRESS OF OWNER:	
PHONE NUMBER:	MOBILE:
Email:	Equine Premises No:
<p><i>I declare that the particulars contained in this form are correct. I, the undersigned, agree to have my Gelding, as described on this form, classified by the CPBS in the Connemara Pony Breeders' Society Stud Book. I agree to abide by the Rules of Registration for Connemara Ponies which are available from www.cpbs.ie and accept the decision of the CPBS as final and binding.</i></p>	
Signature of Owner/Agent: _____ Date: _____	

CHANGE / TRANSFER OF OWNERSHIP OF REGISTERED PONY OR FOAL

Only to be completed if you are not the current registered owner of the pony

SELLERS DETAILS (WHERE YOU BOUGHT THE PONY)		
Name:		
Address:		
Mobile/Tel:		Email:
Equine Premises No:		Date of Sale:

NEW OWNER DETAILS (ONLY COMPLETE IF DIFFERENT TO APPLICANTS DETAILS)		
Name:		
Address:		
Mobile/Tel:		Email:
Equine Premises No:		CPBS Membership No:
Signature:		

Owner Name:

Owner Address:

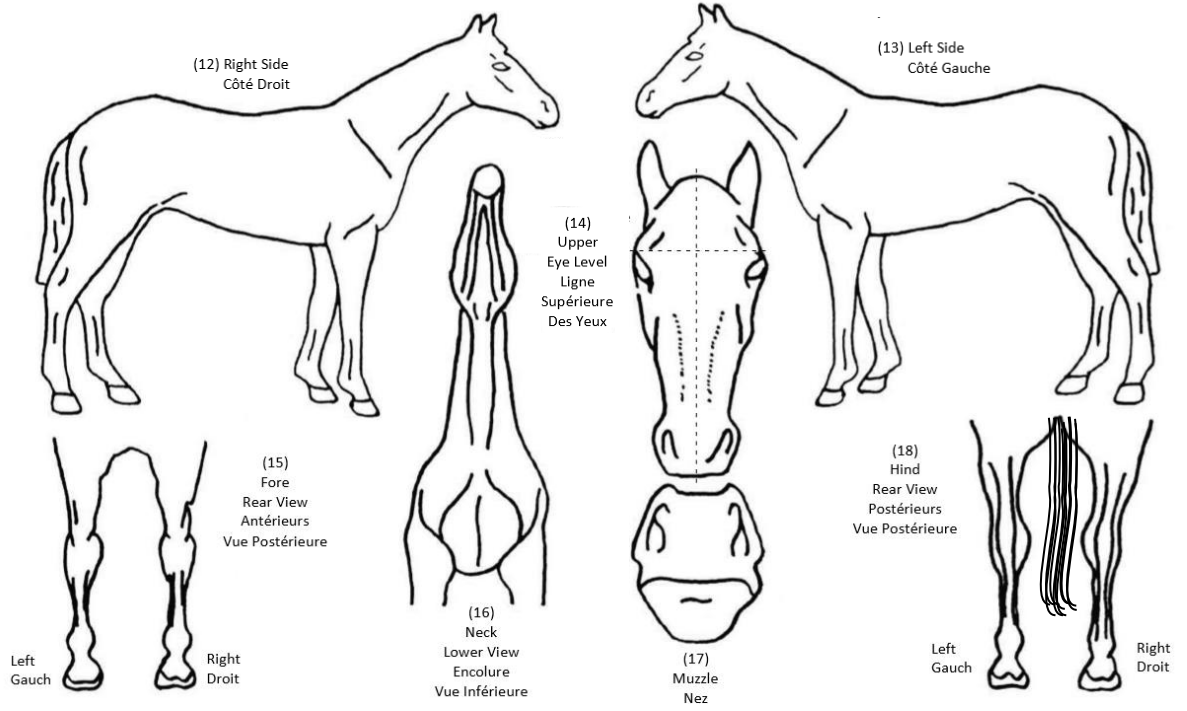
Dear Breeder / Owner / Agent / Veterinary Surgeon,

Please ensure the following has been completed before the markings are returned to the CPBS office and the sample sent to Weatherbys Scientific. Failure to do so will result in delaying the passport process.

1. Please ensure that the veterinary surgeon has clearly completed the following:
 - Colour
 - Written description
 - Sketching
 - Sex
2. Under no circumstance should this kit be altered, changed or used for another animal as **each kit is unique to the application.**
3. The **correct microchip barcode sticker** must be affixed to the sampling bag and marking chart where indicated.
4. Please ensure that the **veterinary surgeon has signed, stamped and dated the marking sheet.**
5. Where more than one pony is being sampled: Please ensure that the correct kit is used for each and that the contents are not mixed up.

Failure to comply with any of the above may lead to repeat test requests, incorrect/negative results which will incur additional costs.

Affix Microchip sticker here



Date of Birth:	Colour:	Sex:
Certifying Signature & Stamp Of Qualified Veterinary Surgeon Only (Not To Be The Owner Or Trainer) Signature Et Cachet Du Vêtérinaire Agree: Vet Ref No.: _____/_____ Place & Date (Lieu Et Date): _____		

3(b) Head/ Tête	
3(c) Neck/ Encolure	
3(d) Foreleg L/ Ant. G	
3(e) Foreleg R/ Ant. D	
3(f) Hindleg L/ Post G	
3(g) Hindleg R/ Post D	
3(h) Body/ Corps	
3(i) Markings/ Marques	