



# APPALOOSA HORSE ASSOCIATION OF NEW ZEALAND

## MARE IDENTIFICATION AND CERTIFICATE OF INSEMINATION

### 1. MARE REGISTERED NAME

### 2. REGISTRATION NUMBER

Aka: ..... HEIGHT: .....hh

### 3. BREEDING

DATE OF BIRTH         SIRE: ..... DAM: .....

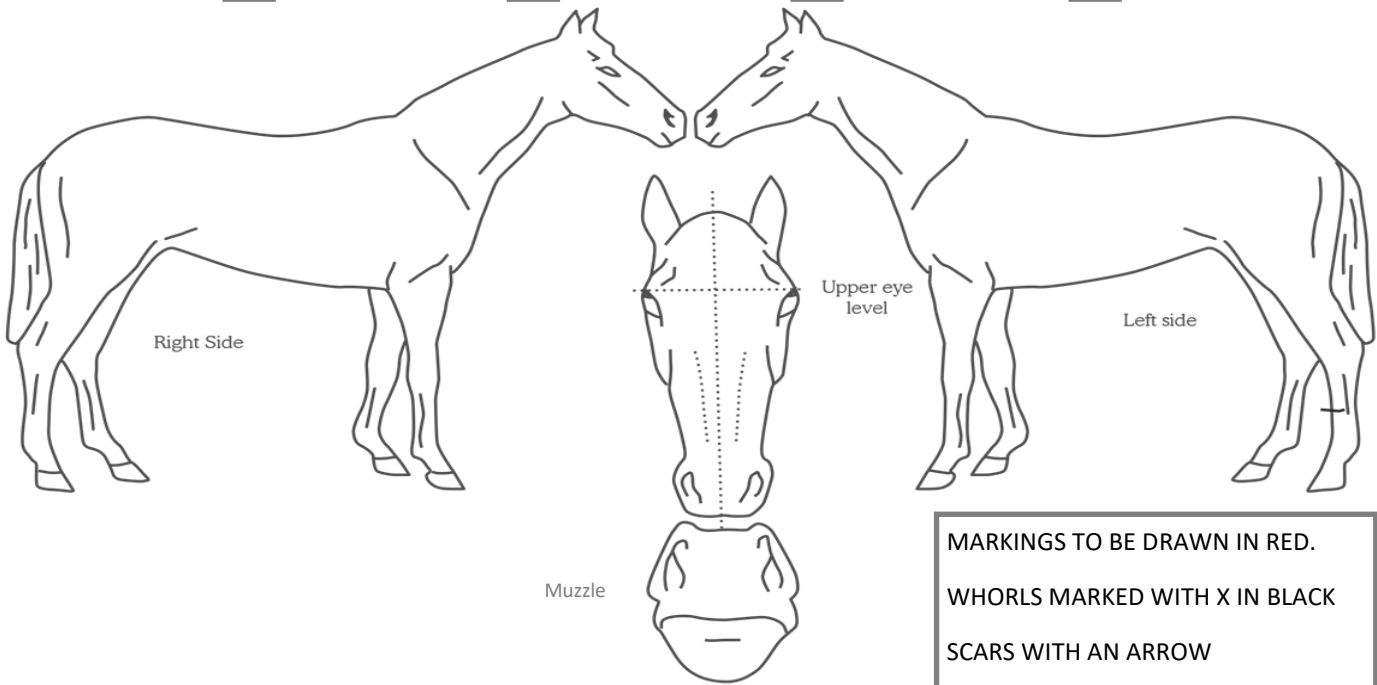
### 4. MARE DESCRIPTION

BASE COLOUR:  BAY  BLACK  BROWN  CHESTNUT  
 SELECT ONE  BUCKSKIN  PALOMINO  DUN  GRULLA  
 COAT PATTERN:  SOLID  BLANKET  LEOPARD  BLANKET WITH SPOTS  
 SELECT ONE  ROAN  ROAN BLANKET  SPOTS  ROAN BLANKET WITH SPOTS

BRANDS: NEAR SIDE: ..... OFF SIDE: ..... FIRE BRANDED FREEZE BRANDED  
 LEG MARKINGS: WRITE ONE OF: NONE, HEEL, CORONET, PASTER, FETLOCK, HALF STOCKING, STOCKING FOR EACH LEG.  
 NEAR FORE: ..... OFF FORE: .....  
 NEAR HIND: ..... OFF HIND: .....

### CHARACTERISTICS: TICK ALL THAT APPLY:

SCLERA:  LEFT EYE  RIGHT EYE  
 MOTTLED SKIN:  MUZZLE  EYES  GENITALS  
 STRIPED HOOVES  NEAR FORE  OFF FORE  NEAR HIND  OFF HIND



MARKINGS TO BE DRAWN IN RED.  
 WHORLS MARKED WITH X IN BLACK  
 SCARS WITH AN ARROW

**5. OWNER OF HORSE CONTACT DETAILS**

NAME: .....MEMBERSHIP NUMBER:.....  
 ADDRESS: .....  
 EMAIL ADDRESS:..... PHONE NUMBER: (0.....) .....

**VETERINARIAN ONLY SECTION**

THIS IS TO CERTIFY THAT ON THE DATES AND TIMES INDICATED BELOW, THE ABOVE NAMED MARE;

.....Aka: .....

HAS BEEN CORRECTLY IDENTIFIED, BY WAY OF COLOUR, BRANDS AND MARKINGS ETC, AND INSEMINATED WITH SEMEN FROM THE STALLION, VERIFIED TO BE:

NAME: ..... REGISTRATION NUMBER.....

IDENTIFICATION & INSEMINATION. DATE:	...../...../.....	SIGNED BY VETERINARIAN OR A.I. TECHNICIAN:	.....
IDENTIFICATION & INSEMINATION. DATE:	...../...../.....	SIGNED BY VETERINARIAN OR A.I. TECHNICIAN:	.....
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IDENTIFICATION & INSEMINATION. DATE:	...../...../.....	SIGNED BY VETERINARIAN OR A.I. TECHNICIAN:	.....

THE ABOVENAMED MARE, HAVING BEEN CORRECTLY IDENTIFIED, HAS BEEN SCANNED/ PREGNANCY TESTED IN FOAL/NOT IN FOAL, AT ..... DAYS GESTATION.

DATE:...../ ...../ ..... SIGNED BY VETERINARIAN: .....

THE ABOVENAMED MARE, HAVING BEEN CORRECTLY IDENTIFIED, HAS BEEN SCANNED/ PREGNANCY TESTED IN FOAL/NOT IN FOAL, AT ..... DAYS GESTATION.

DATE:...../ ...../ ..... SIGNED BY VETERINARIAN: .....

VETERINARIAN NAME: .....REGISTRATION NUMBER:.....

PRACTICE NAME: .....

ADDRESS: ..... PHONE NUMBER: (.....).....

**CHECKLIST:** This certificate must be completed in full by the Owner and a Veterinarian or AI Technician and THREE (3) copies made.

One copy for Mare Owners records  One copy to Stallion Owners Records  One copy to Stallion Owner for Breeding Report