New Zealand Miniature Horse Association Inc.



Return form to:

Reg. No

NZMHA REGISTRAR

							INSPI	ECTIO	N										
Name of	f Horse:																		
ex: (plea	ise tick ONE	box)		illy/M	lare		Colt/9	Stallio	n		Gel	ding -	– Date	e Geld	ed		/	/	
	Printed Na			,				- Camo					,						
Owner:		ame										Phone	()					
	Address																		
			To	o be co	omple	ted b	y a N	ZMHA	арр	rove	ed In	spect	or						
		No C	ote to li on the p	nspecto paperwo	or: - Plea ork pro	ase co vided	mpare by the	this ho registr	orse v ar to	vith tl confi	ne ph rm id	otos a entity	nd de	etails rse.					
hereby co	ertify that	I confi	rm the i	identity	of the	above	named	l horse	and (confir	m th	at I hav	e exa	mine	ed the	abo	ve na	med	
Name of I	nspector_										Date	of Ins	pectio	on	,	/	/		
Please ado tifle etc.	d brief des	criptio	n of any	/ appare	ent faul	ts eg. k	oite "pr	oblem	s", dv	varf c	harad	teristi	cs, no	n-de	scend	led te	esticle	e, loc	ked
Note this of the ck, who depend the ck, who depend the ck, who depend the ck, who depend the ck, which is th	description ich will be on Applica n at NZMH	n will ne at the ation called	not be u e owner an proc scretion	sed as a 's exper eed. U	a reaso nse. A d pon ev	n to pr copy of aluatio	revent f f any re on of t	the hor equired he vet	rse be d vet ched	eing re check ck NZ	egiste mus MHA	ered Ho t be p may	OWE\ rovide choos	/ER Ned to se to	IZMH the F decli	A ma Regist ine t	y red trar b he re	uire efore gistra	a vet e any ation
igned														Date	<u> </u>	/		/	

Reverse Side Must be Completed

Exact Markings of the Horse: (Please print in block letters)
Colour	
Brands	Eye Colour
Please outline and fill in all white marking	gs, brands and whorls on the diagrams below
Hind Legs Fore Legs Rear View	
Near Side Near Side	
Height Certification: We hereby certify that the above named horse was measured in accordance with NZMHA regulations (ie. From the base of the last true hair of the mane to the ground while the horse was standing squarely on a level surface) and found to be:	Inches in height
Name of Measurer (please print	Name of Witness (please print
Signature of Measurer (please print	Signature of Witness (please print
□ All details completed	Form Signed by Inspector/Measurer/Witness