

**ENDURANCE AND NOVICE HORSE LOGBOOK APPLICATION FORM**

To be used in **conjunction** with Horse Identification Sheet

HORSE name (If registered <b>FULL REGISTERED NAME must be used</b> )		OFFICE USE only			
		Horse Log Book No.			
Registration No. *		Log Book Serial No			
* (Photocopy of Registration Certificate required if arabian/derivative)		Microchip Number			
Breed/classification *		Date of this issue			
DATE/YEAR OF BIRTH		COLOUR		HEIGHT	
SEX (please circle)	STALLION	MARE	GELDING		
SIRE				Reg. No.	Breed
DAM					
BREEDER OF HORSE (if known)					

**\*\* ENDURANCE horse logbook application**

This horse must have successfully completed at least 240km in affiliated endurance rides, if it has please enclose the Horse Logbook that has these ride details, this application form and fee (if new/replacement) logbook required of **\$35.00** For recently qualified horses you must enclose \*\*Horse Identification Sheet completed by your Veterinarian who must do a full body identification & from the 1<sup>st</sup> January 2010 must also insert a micro-chip (COMPULSORY) which should be done at least 7 days prior to the horse competing at an affiliated ride. The vet ***must not*** insert the identification directly into the logbook

**NOVICE horse logbook application**

You **MUST** do a full body identification of your horse on the ID sheet provided **OR** if you prefer you may have your horse identified by your veterinarian (see opposite) Please enclose application form and horse identification sheet together with fee of **\$35.00**

If you have vet cards for this horse please enclose same for recording in logbook. They will be returned to you with the logbook

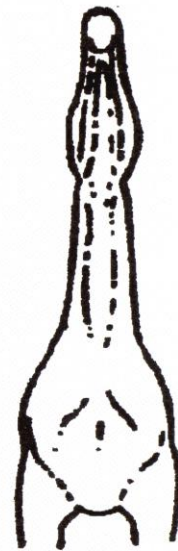
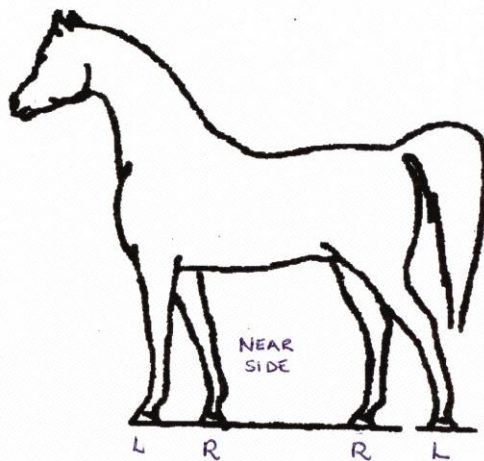
**LOGBOOKS WILL NOT BE ISSUED TO NON-MEMBERS - NOR AT RIDES**

APPLICANT/OWNER		MEMBERSHIP NO.
ADDRESS		
	POSTCODE	
TELEPHONE:	Daytime ( )	After hours ( )
E-MAIL ADDRESS:		
OWNER'S NAME: (if different from above)		MEMBERSHIP NO.
ADDRESS	POSTCODE	
TELEPHONE:	Daytime ( )	After hours ( )

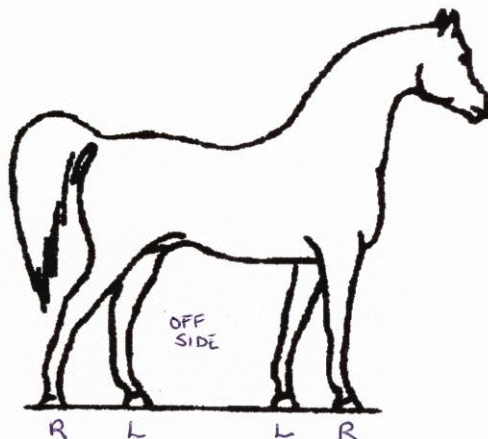
Send all relevant documents to SAERA State Registrar P.O. Box 593, Nairne S.A. 5252 Telephone: 83880418

**\*\*Please complete Horse Registration form if your horse is a qualified endurance horse and send the prescribed fee and if appropriate the logbook fee together with the forms.**

Owner /Applicant Name		Horse Log Book No
Address		
Horse Name		Date of Birth
Sire	Dam	Colour
Sex	Breed	Height
Registration No		Microchip No
Markings:		
Head and Neck		
Left Fore		
Right Fore		
Left Hind		
Right Hind		
Body		
Brands and other Acquired marks		



VENTRAL VIEW



FORELEGS REAR VIEW



I am a registered veterinarian and I certify that the information entered on this document is true and correct

Signature.....Date.....  
 Print Name.....  
 Address.....