



Document of Mating (DoM) Application: WID/WPRB & Stud Book Appendix Stallions

Applicants/Owners must be full financial members of the AWhA Ltd.

Please print: applications that are unclear will be returned.

I/We wish to apply for a Document of Mating (DoM) Book for the stallion outlined below and enclose the fee of **\$150.00** (inclusive of GST).

Name:

Registration number:

 Pending registration ☐

Does this stallion have any other breed society registrations? If yes, with whom: _____

Equestrian Australia (EA) registration name (if applicable): _____

Date of Birth: _____ Colour: _____ Height: _____ cms

DNA* (please tick): Yes ☐ No ☐ Pending ☐

Markings and scars: _____

Brands (**applied**) Near-side shoulder: _____ Microchip number:

 Off-side shoulder: _____
 Brands – other: _____

Owner(s): _____

SUPPORTING DOCUMENTATION (attach as required). Please tick.

Copy of DNA record* ☐

Clear photographs (near & off sides (inc. brands if app.), face, rear aspect) ☐

Lease agreement** ☐

Other papers ☐

* Stallions must have a DNA record before a DoM Book can be issued. For further information and forms, please visit the AWhA Ltd website. If your stallion has no DNA record, please complete the application for DNA testing and provide the remittance of payment along with this application.

** If you are not the registered owner please complete an ownership transfer into your name or provide a copy of the lease agreement.
Please note: Equestrian Australia (EA) papers will not be accepted as proof of ownership.

I/We hereby apply for an AWhA Ltd DoM Book. The information contained in this DoM Book application is true and correct to the best of my knowledge.

Name: _____ Applicant's signature: _____

Postal address: _____ Membership #: _____ Date: _____

Phone: _____ Email: _____

HOW TO PAY INFORMATION

POST: Please mail your **signed** form and cheque/money order made payable to the **AWhA Ltd** addressed to **AWhA Ltd Registrations Administrator**, P.O. Box 86, Harrisville, Queensland, 4307.

EFT: Please transfer funds to the **AWhA Ltd**, Commonwealth Bank, **BSB:** 065-522, **Account #:** 1005 4555. Please include your name in payment details. Please **email** your **signed** form and **remittance of payment** to registrar@awha.com.au

This form becomes a tax invoice on payment. Please copy for your records.