



CWHBA

INSPECTION APPLICATION FOR STUD BOOK ENTRY

Submit Applications minimum 14 days before inspection date to
avoid \$30 late fee: office@canadianwarmbloods.com
CWHBA, 404 Ave D South, Saskatoon, SK, Canada S7M 1R4

All applications received on time will be entered in a year end draw. The winner will have their inspection fee refunded!

Name and Address of Horse Owner

CWHBA Membership / ID #: _____ OR Membership Application Attached ****MUST BE CURRENT MEMBER****
Owner: Ph # _____ Email address _____

Inspection chapter _____ Inspection date _____

For CWHBA registered or entered horses attach copy of papers with proof of ownership and DNA case # (or DNA application)

For Non-CWHBA registered or entered horse complete the following and attach:

Copy of registration papers (Papers in foreign languages must be translated to English or French)

Proof of ownership or lease

Provide a 4 generation pedigree for registered horses.

Copy of DNA Markers or DNA application *If the association needs to source DNA Markers an additional \$50.00 charge will apply*

Name of Horse (30 character max): _____

Registry: _____ #: _____ Breed: _____

ISO Microchip #: _____ DNA case #: _____

Microchip location: Muzzle Neck—Left side Neck—Right side

Sex: Male Female Birth Date (dd/month/year): _____

BODY COLOUR:		
BLACK (BL) <input type="radio"/>	BAY (BA) <input type="radio"/>	DARK CHESTNUT (DC) <input type="radio"/>
BROWN (BR) <input type="radio"/>	LIGHT BAY (LB) <input type="radio"/>	GREY (GR) <input type="radio"/>
DARK BROWN (DB) <input type="radio"/>	CHESTNUT (CH) <input type="radio"/>	DUN (DU) <input type="radio"/>
MARKINGS, COWLICKS, WHORLS:		

Sire Name: _____

Registry: _____ #: _____

Dam Name: _____

Registry: _____ #: _____

I hereby declare that the information herein is true to the best of my knowledge and belief.

Date (dd/mm/yy): _____ **Signature of Applicant:** _____

FEES MUST ACCOMPANY THIS APPLICATION. TAXES APPLICABLE. GST # 1403615393 RT0001
Payment Information - Do not send cash in the mail

Payment type: Cheque _____ Visa _____ MC _____ E- transfer (accounts@canadianwarmbloods.com) _____

Card # _____ Expiry date _____ Name on Card _____