



# CWHBA

## INSPECTION FEES AND PAYMENT

**FEES MUST ACCOMPANY THIS APPLICATION. TAXES APPLICABLE. GST # 1403615393 RT0001**

Submit Applications to: CWHBA, 404 Ave D South, Saskatoon, SK, Canada S7M 1R4  
office@canadianwarmbloods.com

### Horse Information (limited to one horse per form)

Name: \_\_\_\_\_

|      |        |      |      |           |          |         |                       |
|------|--------|------|------|-----------|----------|---------|-----------------------|
| Sex: | Female | Male | Age: | >1 Year   | 1 Year   | 2 Years | By Approved Stallion? |
|      |        |      |      | 3-5 Years | 6+ years |         | DNA Profile Needed?   |

Please consult fee schedule at [www.canadianwarmbloods.com](http://www.canadianwarmbloods.com) for current rates.

|  |                         |
|--|-------------------------|
| Registration:  |                         |
| Registration of _____ by _____                             |                         |
| Transfer of ownership (if applicable)                      |                         |
| Book Entry/Inspection:                                     |                         |
| Mare   |                         |
| Initial entry without inspection                           |                         |
| Mare inspection, aged _____ years (includes initial entry) |                         |
| Stallion   |                         |
| Stallion activation  |                         |
| Stallion inspection, aged _____ years                      |                         |
| Stallion performance test                                  |                         |
|  | Taxable subtotal: _____ |
| Tax rate: _____<br>(click one)                             | Tax due: _____          |
| Membership fee (full or lifetime, tax exempt)              |                         |
| Deposit  |                         |
| Previous balance   |                         |
|  | Total: _____            |

### Payment Method:

Cheque      Visa      Mastercard      Email transfer (accounts@canadianwarmbloods.com)

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date