

**ENDURANCE AND NOVICE HORSE LOGBOOK APPLICATION FORM**

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

HORSE name (If registered <b>FULL REGISTERED NAME</b> must be used)				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 (include a fee of \$35 only if you need a new logbook). For recently qualified horses you must enclose \*\*Horse Identification Sheet completed by your Veterinarian The horse must be micro-chipped. This is obtained through and inserted by your vet and must 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

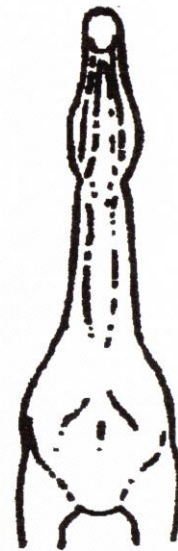
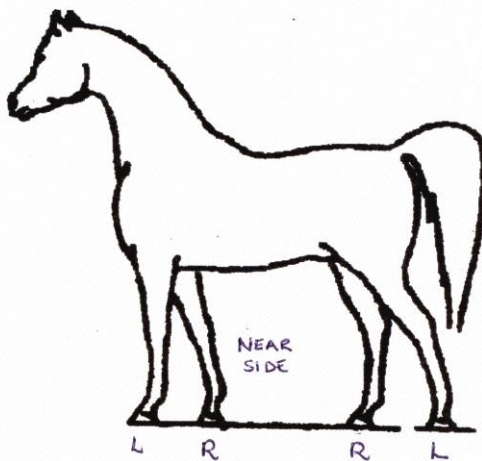
**\*\*Please complete Horse Registration form if your horse is a qualified endurance horse and send the amount of \$25 for yearly or \$60 for Lifetime registration and if appropriate the logbook fee together with the appropriate forms. Please add \$3.00 if you want a plastic cover for the logbook**

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

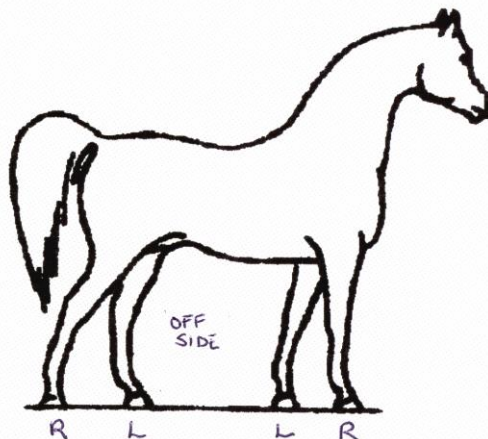
Send all relevant documents to SAERA Logbook Registrar P.O. Box 32 Kangarilla S.A. 5157 Telephone: 0450812498

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

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



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

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