



**APPLICATION FOR ASSESSMENT
OF
MARES AND COLTS OR STALLIONS**

HORSE

_____ *Stud prefix*

_____ *NAME*

_____ *Stud suffix*

ISSA REG NO

OWNER(S)

_____ **Member No: M** _____

Address

P/code _____

ALL HORSES MUST BE REGISTERED IN THE SPORTHORSE REGISTER

OWNER

signature

**Current ISSA Registration Certificate
to be handed in on day**

APPLICATIONS TO BE SEND TO:

THE REGISTRAR OF ISSA Inc.

PO BOX 421,

WARBURTON, VIC., 3799