



BRITISH MORGAN HORSE SOCIETY

BMHS REGISTRAR

Monnington Court,
Monnington-on-Wye
Hereford
HR4 7NL
Tel 01981 500488

e-mail registry@morganhorse.org.uk

CLARIFICATION APPLICATION

Instructions:

1. Print in ink or type only
2. Read and follow the Change of Colour or Markings Rule below.
3. The reverse of this form should be completed by a qualified Veterinary Surgeon.

Registered Name: _____ Registered No _____

Sex: Mare Stallion Gelding Date Gelded _____

SECTION 5: CHANGE IN COLOR OR MARKINGS

A. The recorded owner may request a change of coat color, true white markings, or the addition of other identifying markings as recorded on the Registration Certificate, providing the following are submitted:

1. The official Registration Certificate.
2. A correctly completed application form provided by the Register.
3. Clear, discernible photographs of the horse, as described in Rule 8, Section B, Paragraph 2. (see below)
4. Additional information, such as bloodtyping, documentation, etc. deemed appropriate by the Register.

B. Upon approval by the Register, an amended Registration Certificate shall be issued to the recorded owner.

Rule 8 Section B Paragraph2. Clear, discernible color photographs of the horse individually labeled with the name, registration number, date of birth, coat color, sex, markings, and date the photograph was taken. Photographs must show full views of the left, right, front, and rear of the horse. In order to show all markings, photographs must include all four legs, left and right side views of the body, front view of the head, and rear view of the hindquarters.

I (we) hereby certify the identity of the Morgan Horse described overleaf as being the same horse registered and recorded in the British Morgan Horse Society Register or pending entry in that book.

Signed: _____

Recorded Owner(s) or Lessee(s)

Print Name: _____

Address: _____

_____ Postcode: _____

Please return this form with photographs to the Registrar at the above address.

A: ANIMAL IDENTIFICATION TO BE COMPLETED BY A VETERINARY SURGEON

(12) Right side
Côté droit

(13) Left side
Côté gauche

TRANSPONDER

(14) Upper eye level
Ligne supérieure des yeux

(15) Fore
Antérieurs Vue postérieure

(16) Rear view
Postérieurs Vue postérieure

(17) Muzzle
Nez

(18) Neck
Encolure
Vue inférieure

(19) Left
Gauche

(20) Right
Droit

MiCroChiP number:

PLEASE AFFIX BARCODE STICKER HERE

Pursuant to Commission Regulation (EC) 262/2015 I can confirm that I read the microchip for the animal identified on this application and it was:

Previously implanted Implanted today (tick one)

Signature and stamp of the veterinarian or qualified person or competent authority (name in capital letters)
Signature et cachet du vétérinaire ou de la personne qualifiée ou de l'autorité compétente (nom en lettres capitales)

It is a statutory requirement that a qualified veterinary surgeon and member of the Royal College of Veterinary Surgeons (RCVS) verifies the identification section above. The same veterinary surgeon is responsible for the completion of the written description which can be found in section E of this application.

B: ANIMAL DETAILS

animal name:

Colour: Sex:

Date of birth: Country of birth:

Place of birth:

Species:

D: CHESTNUTS FOR HORSES WITHOUT MARKINGS & LESS THAN THREE WHORLS

C: SIRE AND DAM IF KNOWN

Sire - ueIn:

Sire - name:

Dam - ueIn:

Dam - name:

| | |
|--------------|---------------|
| foreleg left | foreleg right |
| hindleg left | hindleg right |

FOR OFFICE USE ONLY

Please continue onto the next page.

ANIMAL IDENTIFICATION continued

ANIMAL NAME:

E ANIMAL DESCRIPTION

HEAD:

FORELEG L:

FORELEG R:

HINDLEG L:

HINDLEG R:

MARKINGS:

E OFFICIAL SIGNATURE AND STAMP

SIGNATURE OF QUALIFIED PERSON (NAME IN CAPITAL LETTERS):

STAMP OF ISSUING BODY OR COMPETENT AUTHORITY:

DATE OF EXAMINATION: | _____
| D | / | M | M | / | Y | Y | Y | |