



THE WELSH PONY AND COB SOCIETY OF AUSTRALIA INC

(Approved by the Welsh Pony And Cob Society, Wales)

P O Box 762, Pakenham, 3810

Phone (03) 5941 3288

E-mail: registrar@wpcs.com.au

Web : www.wpcs.com.au

ABN 70 066 732 367 Reg No A0006317F

APPLICATION FOR IMPORT & DNA KITS

This written request & payment must be received at the National Office prior to the dispatch of DNA or import paperwork.

PLEASE NOTE: Stallion and Part Welsh registrations are no longer ordered on this form, please complete the relevant registration form and vet certificate available on the Society website (if not already completed with another breed society) and submit with payment for processing.

Return this request & Payment to: Via email or the above address.

Registration request for Import animal \$110.00

- Owners importing animals from overseas should submit a copy of the DNA result, Veterinary Certificate of Suitability for breeding, Pony passport paperwork including an extended pedigree.

DNA fingerprinting Kit only (AI Foals, Mares, Export etc) Parentage Analysis \$70.00

Member Name _____ MEMBER # _____

Post information to _____

State _____ Post Code _____ Contact Ph _____

NAME OF STALLION/ COLT/MARE _____

Rego # _____

Sire: _____

Dam: _____

Cheque / Money order or please charge my Visa Mastercard.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Card Holders Name _____ Expiry Date

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Signature _____

OFFICE RECORDS: Date Received.....ReceiptSent.....