

RAS PRE-REGISTRATION FORM – FIRST MEASURE EVER

OWNER TO COMPLETE THIS SECTION ONLY – Please print clearly

NOTE: DO NOT complete this form and take it straight to the Measuring Stand without sending it to RAS Head Office first and obtaining a Certificate. For a Change of Ownership, Replacement Certificate, Lease filed or Change of Classification please see - <https://www.ras.org.nz/equestrian/forms/>

*** Sections MUST be completed by Owner before emailing through to RAS Head Office**

HORSE / PONY (Show Name): * _____

If also registering with ESNZ ensure that they approve the name, before pre-registering with RAS

Colour: * _____ **DOB-Month: _____ Year: *** _____ **Sex: * S** Stallion

Breed: _____ Breed Reg. # _____ M (Mare)

Section Nominated * _____ (P) Pony: (SHP) Saddle Hunter Pony: (M) Mini G (Gelding)

(HK) Hack/Park Hack: (SH) Saddle Hunter: (RH) Riding Horse: (C) Cob

CURRENT Owner's Name (18yrs and over): * _____

Address (include RD#): * _____

_____ P/Code * _____

Phone: (0) _____ ***and/or Mobile:** 02 _____

Email: * _____ My signature herewith confirms that I own the

above Horse/Pony, and it has never had a previous Height Certificate under this name or any other name. I confirm I have searched the RAS database to confirm this - <https://www.ras.org.nz/equestrian/horse-search/>

Current Owner's Signature: * _____ **Date: *** _____ 20__

PAYMENT – includes NZ Post Tracked Courier Bag (If applying for multiple Pre-Registration First Ever Measures, only one courier fee (\$14) needs to be paid).

***Direct Credit of \$58 made on** ___ / ___ / 20__ **- email form to enquiries@ras.org.nz**

National Bank, A/c No.: 06 0501 0528903 00 - state Surname & horse's name as payment ref.

MEASURER TO COMPLETE BELOW and PART ON RIGHT

RULE: M9 a) Youngstock Measures issued to a pony or Miniature horse under the age of three years after August 1 will be valid until January 31st of the following year. **M9 b)** Measures issued or endorsed after January 1st will be valid until the end of the current Show season i.e. July 31st

First Measure Height	Date of Measure	Expiry Date	Stand #
cm	/ /20__	/ /20__	

Name of Measurer: _____ **Signature:** _____

Name of Witness: _____ **Signature:** _____

Original form to be either: emailed to enquiries@ras.org.nz or sent to RAS NZ, 9 Matai Place, Oxford 7430, immediately after measure. A copy is to be retained by the Measuring Stand.

RAS HEAD OFFICE USE ONLY:

RAS Certificate Number A

Form Received: ___ / ___ / 20__ Paid \$58 on ___ / ___ / 20__

Database: ___ / ___ / 20__ Couriered on ___ / ___ / 20__

NZ Post Bag – Track # _____

CR # _____

**PAID IN FULL,
NOTHING TO BE PAID AT
MEASURING STAND**

MEASURER - CONFIRM & NOTE MICROCHIP # (MN) OR IF NO MICROCHIP COMPLETE MARKINGS & BRANDS IF ANY

MN (or sticker)

Brands (if any) NS

OS

