



Mail-In Passport Application Form

Form to be completed by licensed Veterinarian

Horse Name: _____ Reg/USEF# _____

Sire/Breed/Registration #: _____
If known

Dam/Breed/Registration #: _____
If known

Owner: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Breeder (if different from owner): _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Horse Description

Color: _____ Sex: _____ Date of Birth: _____

Age Verification Method: _____

Markings: _____

Microchip Present? Yes No

Note: If a microchip is not present, a fifteen digit ISO Compliant microchip must be implanted in the Nuchal ligament of the neck on the left side of the horse and notated below.

Microchip # and type : _____

Microchip Sticker may be attached here

Identifying Marks/Brands/Tattoos/Scars: _____

Please draw markings in RED PEN if possible. All face, neck and chest whorls (x's), as well as any identifying marks, brands, tattoos and scars in BLACK or BLUE PEN onto attached diagram. If DNA testing is required and has not already been completed, please pull mane or tail hairs with root attached and place in a sealed and labeled baggie, and attach to this form. Please mail this this completed and signed form, microchip information, DNA sample if requested, and completed markings diagram to Westfalen Verband NA office address below.

Veterinarian name (print): _____

Veterinarian Practice address: _____

Phone: _____ Fax: _____ Email: _____

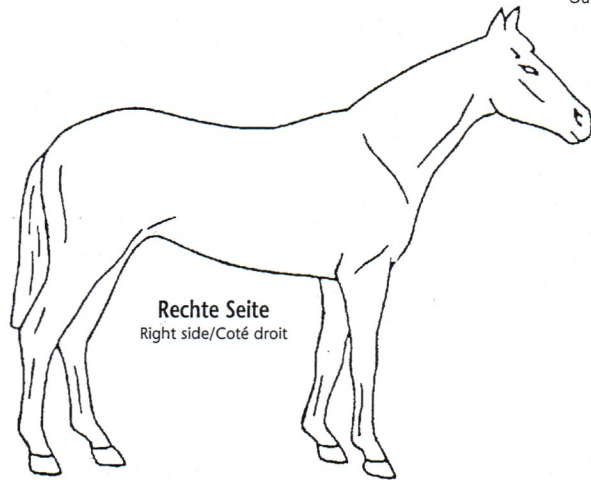
By signing this form, I agree that I am a licensed veterinarian in the state of _____ and attest that I personally inspected the above described horse for the purpose of drawing identifying markings, obtaining a DNA sample if required, checking for the presence of a microchip and if no microchip was found, have inserted a microchip and listed the microchip number on this form as well as on the markings diagram attached to this form.

Veterinarian signature: _____ Date: _____

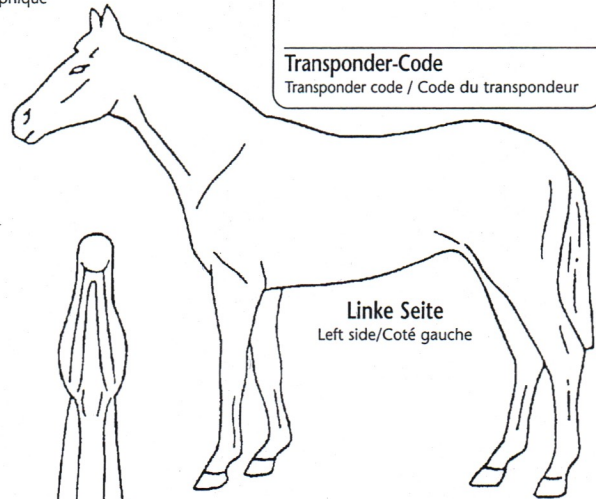
Please return this completed form with the DNA Sample (if requested), Markings Diagram, and Microchip Stickers if implanted to:

Westfalen Verband NA
P.O. Box 429
Murdo, SD 57559
605 • 669 • 2200 fax: 605 • 734 • 8060
Email: office@westfalenverband.com
Website: www.westfalenverband.com

Diagramm
Outline diagram/Signalement graphique

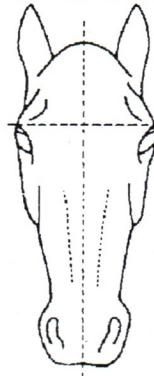


Rechte Seite
Right side/Coté droit

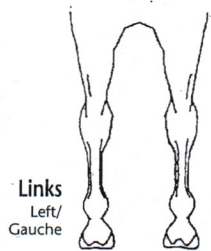


Linke Seite
Left side/Coté gauche

Abzeichen am Kopf
Facial markings/
Visage

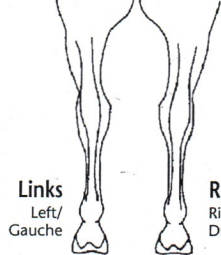


Maul
Muzzle/
Nez



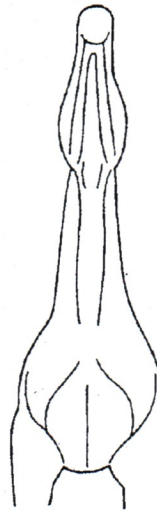
Links
Left/
Gauche

Rechts
Right/
Droit



Links
Left/
Gauche

Rechts
Right/
Droit



Hals – von unten betrachtet
Neck – under side/
Encolure – Vue inférieure

Vorderbeine – von hinten betrachtet

Hinterbeine – von hinten betrachtet

Fore – Rear view/Antérieur – Vue postérieure

Hind – Rear view/Postérieur – Vue postérieure

Transponder-Code

Transponder code / Code du transpondeur

Ort und Datum

Place and date/Lieu et date

Beauftragter/Tierarzt (Stempel, Unterschrift)

Authorized representative/Veterinarian (Stamp, signature) /
Personne autorisée/Vétérinaire (Cachet, signature)