

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 (\$13) needs to be paid).

☐ ***Direct Credit of \$53 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 sent immediately after measure at stand to C/- 9 Matai Place, Oxford 7430, a copy is to be retained by the measuring stand.

RAS HEAD OFFICE USE ONLY:

RAS Certificate Number A

Form Received: / / 20 **Paid \$53 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

