



Date Received:  / /
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# SHOW HORSE COUNCIL of WESTERN AUSTRALIA INC.

ABN 72076998511

## APPLICATION FOR REPLACEMENT OF SHOW HORSE COUNCIL CERTIFICATE OF HEIGHT

I/We hereby make application for Replacement of the Official S.H.C. Measuring Certificate issued for the Horse:

\_\_\_\_\_ Reg. No. \_\_\_\_\_  
(Name of Horse)

Venue Measured: \_\_\_\_\_ Date: \_\_\_\_\_

Height recorded: \_\_\_\_\_

No. Certificate  
Issued:

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PROVISIONAL Yes / No
ANNUAL Yes / No

Reason Replacement required:

\_\_\_\_\_

\_\_\_\_\_

### FEE

National Saddle Horse Registered Horse: Provisional & Annual \$10

Horse holding other Registration/s and not holding N.S.H.R.: Provisional & Annual \$10

DETAILS OF HORSE: SEX: ..... COLOUR: ..... FOALING DATE: .....

### BRANDS:

Please draw as visible on the horse.

Near Side	Off Side

M/Chip No: (if applicable).....

NAME OF OWNER: .....

ADDRESS OF OWNER: .....

..... P/CODE: ..... Ph. ....

I/We declare to have read and understand the SHC Measuring Scheme Rules and agree to abide by the Rules and Regulations which apply to any Horse / Galloway / Pony measured under this Scheme. All information supplied by the Applicant shall be true & correct.

Signature of Owner/Lessee/Agent: .....

**Return completed Form and Applicable Fee to the Chief Measurer C/-  
SHC WA Inc. PO Box 1290 West Leederville WA 6910**

Date Issued: .....
No. of Certificate Issued: .....

### OFFICE USE ONLY

..... hh
..... cm