



# Lusitano Horse Association of Australasia

## Application to register a Horse in the Puro Sangué Lusitano Register

Registrar: Melissa Jeffrey 510 Morrinsville-Walton Road, Morrinsville, Waikato 3371, New Zealand  
 Email: Registrar@LusitanoAustralasia.com

Application is accepted from current members only.

### REGISTRATION OF BIRTH *Use this form for all horses who are pure Lusitano with both parents listed in the APSL Adult Book*

Name of Foal/Horse		Sex (circle)	Female	Gelding	Entire
Date of Birth		Colour			
Sire		APSL Sire Reg. No.			
Dam		APSL Dam Reg. No.			
Stud (if applicable)					
Owner at Registration Date (DD/MM/YYYY)		Owner Phone			
Owner Email		Owner Mobile			
Owner's Mailing Address					
Breeders Name and Mailing Address <i>(if different from the owner named above)</i>					

### Document Checklist:

- |  |   |
|--|---|
| <input type="checkbox"/> Membership Application (if not current) | <input type="checkbox"/> APSL ID Form                     |
| <input type="checkbox"/> DNA Testing Form                        | <input type="checkbox"/> APSL Registration of Births Form |
|  | <input type="checkbox"/> APSL Covering Certificate        |

Fees:	
<b>Registration fee:</b>	Puro Sangué Lusitano Registration \$100 AUD \$
<b>Membership fee:</b>	You are required to be a LHAA member to register a horse \$100 AUD \$ Half Year – (\$60 AUD if after July 1 <sup>st</sup> )
<b>Late Fee:</b>	Horses over 12 months of age - \$50 AUD extra \$
<b>DNA Fee(s)</b>	\$90 AUD \$
<b>Total Sum:</b>	\$

Send the relevant supporting documents and fees to the Registrar.

I will make an online payment today

**All fees paid to: Commonwealth Bank-Bowral**  
**BSB 062 511**  
**Account: 101 364 90**  
**Reference: NAME and Registration**

Owner Statement: I declare the information on this application is a true and correct record and understand that if the information is incorrect the LHAA may cancel the registration.

Owners Name (Print) \_\_\_\_\_

Owners Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### OFFICE USE ONLY

Registration Form  
 APSL x3  
 DNA Form  
 Membership


(seal)
LHAA Registrars signature _____ Date ___/___/___



Name	NIN	L.N.
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BREEDER \_\_\_\_\_

OWNER \_\_\_\_\_

DATE OF BIRTH	SEX	COAT	BLOOD SAMPLES	Micro Chip n°
/ /				

FATHER	MOTHER
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Head: \_\_\_\_\_

Members: Fore Left \_\_\_\_\_

Fore Right: \_\_\_\_\_

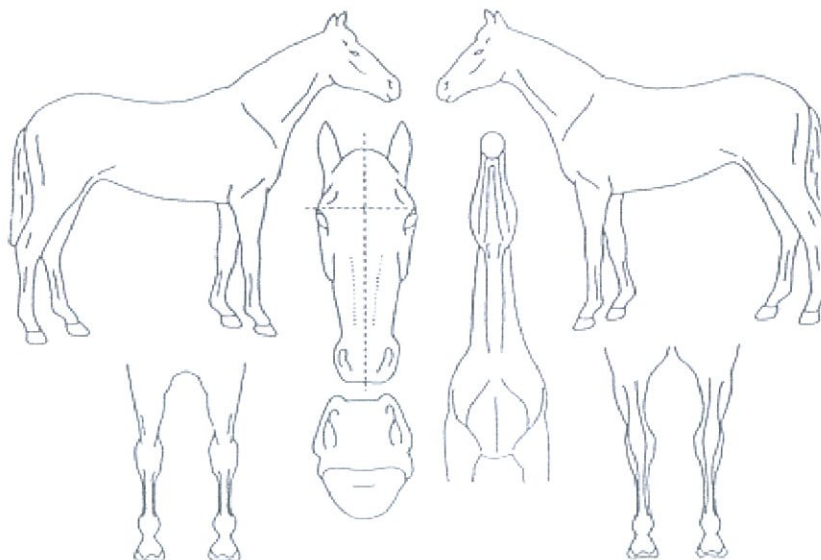
Hind Left: \_\_\_\_\_

Hind Right: \_\_\_\_\_

Body: \_\_\_\_\_

Bland Marks: \_\_\_\_\_

Right
Outline Diagram
Left



Fore

Hind



**REGISTRATION OF BIRTHS**

**BREEDER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_ **YEAR** \_\_\_\_\_

*Declares that the mares registered and referred to below gave birth to the following animals, whose registration in the studbook is hereby requested.*

DATE OF BIRTH	SEX	COLOUR	NAME	1/ N° NO LN	MOTHER	L.A.	FATHER	L.A.	OBS
					1/		1/		
					1/		1/		
					1/		1/		
					1/		1/		
					1/		1/		

1/ Please leave blank

(a) Specify animals with defects or stillbirths, if appropriate. To be sent during the breeding season.

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_.

Signature



**COVERING CERTIFICATE**

Covering Certificate - Year \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

We state that the following mares, inscript on Stud-Book, were covered by the stallion's :

MARE NAME	STALLION		DATE OF THE LAST COVERING		RESULTS OF THE PRECEDING YEAR		OBS. (A)
	NAME	BRAND	DAY	MONTH	BIRTHS		
					NAME	SEX	

**(a)** Please always indicate stillbirths, miscarriages or cases of infertility on "Observations".

\_\_\_\_\_ , \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE  
\_\_\_\_\_



# Lusitano Horse Association of Australasia

LHAA Registrar: Melissa Jeffrey

Address: 510 Morrinsville-Walton Road, RD 1, Morrinsville, Waikato 3371, New Zealand

Email: Registrar@LusitanoAustralasia.com

## Puro Sangue Lusitano DNA Testing Form

### Notes on DNA testing of a PURO SANGUE LUSITANO HORSE:

1. DNA is compulsory for ALL horses being entered onto the Puro Sangue Lusitano Register
2. The Vet must pull 30 or more hairs (with roots attached)
3. Place hairs on the box below securing them with tape
4. Send hair sample to the Register to the LHAA Registrar (if residing in New Zealand) or post directly to Racing Australia, Equine Genetics Research Centre, PO Box 433, Scone NSW 2337 (if residing in Australia)

Name of Horse:

Date of Birth:

Full Name of Sire:

Full Name of Dam:

Name of Owner:

Microchip Number:

Sex and Colour:

Vets Name:

Vets Signature:

Vets Stamp:

PLACE  
ROOTS  
HERE

PLACE  
TAPE HERE

PLACE REST OF HAIR HERE  
COIL IF NECESSARY

*Please fold here to cover hair then fold again (into 3) to enclose hair sample (do not cut, tape or staple)*

The Lusitano Horse Association of Australasia

Is a sister organization of:



Associação Portuguesa de Criadores  
do Cavalo Puro Sangue Lusitano



# Lusitano Horse Association of Australasia

**Use ONLY if NOT a current member**

## Application For LHAA Membership

Name:	
Stud Name (optional):	
Address:	
Country:	
Postcode:	
Email Address:	
Phone Numbers:	
I am a past member of the LHAA	YES <input type="checkbox"/> NO <input type="checkbox"/>

### Membership Fees (Membership is for a Calendar Year):

Please send the confirmation of a direct deposit to [Registrar@LusitanoAustralasia.com](mailto:Registrar@LusitanoAustralasia.com) along with a signed copy of this form.

Full deposit paid to **Paid Full Year (\$100AUD)**

Commonwealth Bank-Bowral

BSB 062 511

**Paid Part Year After July 1<sup>st</sup> (\$60AUD)**

Account 101 364 90

**Declaration: In requesting/renewing membership, I agree to be bound by the Constitution and Rules of the Lusitano Horse Association of Australasia Incorporated.**

Signature:		Date:	
Print Name:		(DD/MM/YYYY)	

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