

# RAS PRE-REGISTRATION FORM – FIRST MEASURE EVER

**OWNER TO COMPLETE THIS SECTION ONLY – Please print clearly**

**NOTE:** For a Change of Ownership, Replacement Certificate, Lease filed or Change of Classification please see - <https://www.ras.org.nz/equestrian/forms/>

**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** \_\_\_\_\_ Pony (P): Saddle Hunter Pony (SHP): Mini (M) **G** (Gelding)

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

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

**Address** (include RD#): \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

**Home Phone:** (0 ) \_\_\_\_\_ **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 \$11 NZ Post Tracked Courier Bag** (If applying for multiple Pre-Registration First Ever Measures, only one courier fee needs to be paid).

**Direct Credit of \$42 made on** \_\_\_ / \_\_\_ / 20\_\_\_ **and email form to** [enquiries@ras.org.nz](mailto: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 31<sup>st</sup> of the following year. **M9 b)** Measures issued or endorsed after January 1<sup>st</sup> will be valid until the end of the current Show season i.e. July 31<sup>st</sup>

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 \$42 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**

