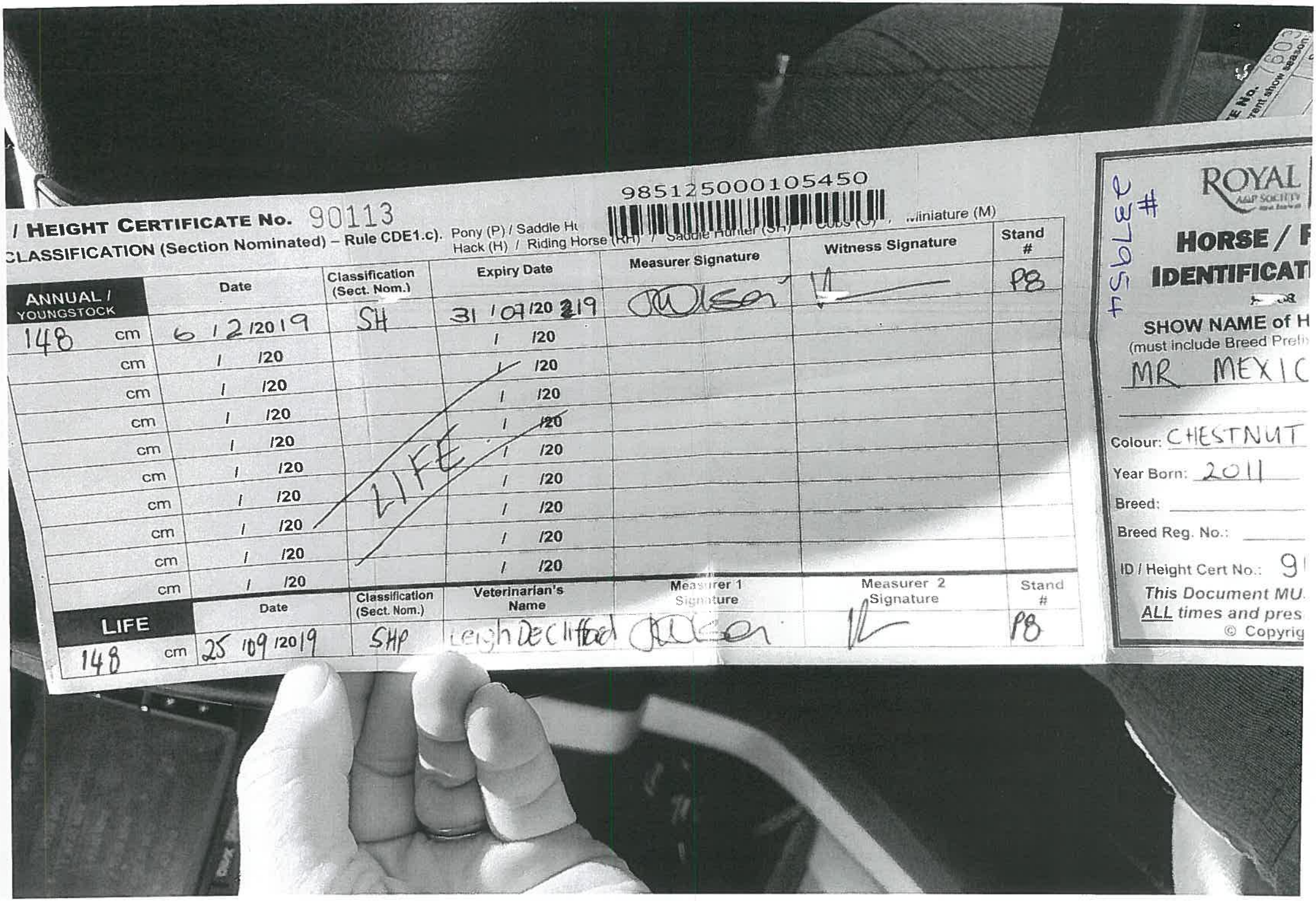


/ HEIGHT CERTIFICATE No. 90113

9851250001054 50

CLASSIFICATION (Section Nominated) – Rule CDE1.c). Pony (P) / Saddle Ht / Hack (H) / Riding Horse (RH) / Saddle Hunter (SH) / Cobs (C) / Miniature (M)

ANNUAL / YOUNGSTOCK	Date	Classification (Sect. Nom.)	Expiry Date	Measurer Signature	Witness Signature	Stand #
148 cm	6 / 2 /2019	SH	31 / 07 /20 2 19			P8
cm	/ /20		/ /20			
cm	/ /20		/ /20			
cm	/ /20		/ /20			
cm	/ /20		/ /20			
cm	/ /20		/ /20			
cm	/ /20		/ /20			
cm	/ /20		/ /20			
cm	/ /20		/ /20			
cm	/ /20		/ /20			

LIFE

Date	Classification (Sect. Nom.)	Veterinarian's Name	Measurer 1 Signature	Measurer 2 Signature	Stand #
148 cm 25 / 09 /2019	SHP	Leigh DeClifford			P8

LIFE

ROYAL AAIP SOCIETY

HORSE / P

IDENTIFICAT

SHOW NAME of H

(must include Breed Preli

MR MEXIC

Colour: CHESTNUT

Year Born: 2011

Breed:

Breed Reg. No.:

ID / Height Cert No.: 9

This Document MU

ALL times and pres

© Copyrig

OWNERSHIP INFORMATION

1. Name of Owner: BELINDA NEWSOM
Address: 619A ESDILE ROAD RD8
TAURANGA Post Code:
P: M: 021 573 554
E:
Owners Signature:
RAS Signature: Date: 6 / 02 /2019

2. Name of *New* Owner:
Address:
Post Code:
P: M: 02
E:
Owners Signature:
RAS Signature: Date: ___ / ___ /20___

3. Name of *New* Owner:
Address:
Post Code:
P: M: 02
E:
Owners Signature:
RAS Signature: Date: ___ / ___ /20___

4. Name of *New* Owner:
Address:
Post Code:
P: M: 02
E:
Owners Signature:
RAS Signature: Date: ___ / ___ /20___

LEAD REIN

Conformation wins

	Date	Show/Event	Rider	Steward (Print)
1	/ /20			
2	/ /20			
3	/ /20			
4	/ /20			
5	/ /20			
	/ /20			

LEASE INFORMATION

1. Name of Lessee:
Address:
P: E:
Date Lease Commenced: ___ / ___ / 20___ for ___yrs/mths
Date Lease Expires: ___ / ___ /20___ RAS Lease No. ___ / ___
Lessee Signature:
RAS Signature: Date: ___ / ___ /20___

2. Name of Lessee:
Address:
P: E:
Date Lease Commenced: ___ / ___ / 20___ for ___yrs/mths
Date Lease Expires: ___ / ___ /20___ RAS Lease No. ___ / ___
Lessee Signature:
RAS Signature: Date: ___ / ___ /20___

3. Name of Lessee:
Address:
P: E:
Date Lease Commenced: ___ / ___ / 20___ for ___yrs/mths
Date Lease Expires: ___ / ___ /20___ RAS Lease No. ___ / ___
Lessee Signature:
RAS Signature: Date: ___ / ___ /20

FIRST RIDDEN

Conformation wins

	Date	Show/Event	Rider	Steward (Print)
1	/ /20			
2	/ /20			
3	/ /20			
4	/ /20			
5	/ /20			
6	/ /20			

Paced and Mannered wins

1	/ /20			
2	/ /20			
3	/ /20			
4	/ /20			
5	/ /20			
6	/ /20			

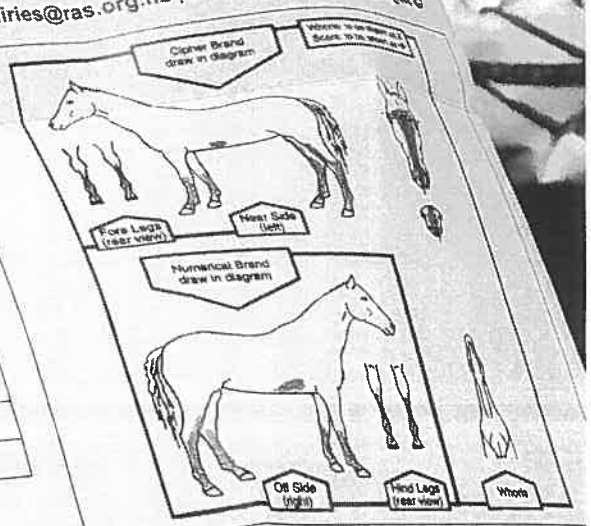
PLEASE NOTE:

You, as the Owner or Person Responsible at the time, must notify RAS Head Office if there is a change of ownership / lessee, or a replacement form required. This cannot be actioned at the Measuring Stand. Replacement forms can be downloaded from the RAS website – W: ras.org.nz (equestrian section / form page).

Measuring - All RAS approved Measuring Stands will have contact details listed on the RAS website. As they become available, measuring dates and times are also listed. ras.org.nz / equestrian section / measuring page.

RAS Equestrian Rulebook – for RAS affiliated Shows/Events, Competitors, Exhibitors and Judges, is a valuable resource for all Show Competitors/Exhibitors - purchase details available from **W: ras.org.nz (equestrian section / rulebook page)**

E: enquiries@ras.org.nz | P: 03 313 1004 | Copyright ©



White Markings in Red Pen – all others in Blue or Black

Brand:
Measurer's Name (please print): Lisa Wilson
Measurer's Signature:
Microchip No. (if any)

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