



APPLICATION FOR ARABIAN HORSE REGISTRATION OF NEW FOAL

Out of an EAHS Registered Mare

Abu Dhabi, U.A.E. Tel.: +971 2 626 9222 - Fax: +971 2 627 5116 - P.O. Box: 26888

www.eahs.org

Name: Not more than 27 letters including spaces

1st Choice: : الاسم (رغبة أولى)
2nd Choice: : الاسم (رغبة ثانية)
3rd Choice: : الاسم (رغبة ثالثة)

Date Foaled Sex Colt Filly Color Grey Black
 Chestnut Bay

Sire Reg. No.
Dam Reg. No.

I certify that the above pedigree and particulars are correct. I further agree that the foal will be subject to registration requirements as described in the rules of the Emirates Arabian Horse Society.

Foals Location
Mare's Owner
Owner's Address
Telephone No. Fax
Mobile No. E-mail
Mare's Owner Signature Date
Day Month Year

Stallion's Owner Certificate

I certify that the stallion named Reg. No.
Covered the mare named Reg. No.

by: Natural (Hand) Service Dates } During the year
Artificial Insemination }
Day Month Day Month

Recorded Stallion's Owner Name
Date Telephone No.
Day Month Year E-mail

Recorded Stallion's Owner Signature

The name must be written in both Arabic and English.
This application must be submitted within one month after foaling.