

The Dales Pony Society of America, Inc. STALLION LICENSE APPLICATION

Kelly Davidson Chou – DPSA Registrar – 4161 Leon Drive, Clayton, CA 94517
Phone: 925-788-0655

Email: davidsondales@mindspring.com Web Site: www.dalesponies.com

To be completed by owner, signed by both owner and examining vet

Vet needs to accurately record any white markings

Note: Photographs (front, rear, near & off sides) must accompany this application.

NAME OF STALLION _____ Registration NO _____

MICROCHIP NUMBER AS READ BY THE VET THIS DATE _____

DATE OF BIRTH _____ HEIGHT _____ SHOD/UNSHOD

SIRE _____ Registration NO _____

DAM _____ Registration NO _____

MARKINGS: _____ COLOR: _____

HEAD: _____

BODY: _____

FORELEGS & HOOFS: LEFT: _____

RIGHT: _____

HINDLEGS & HOOFS: LEFT: _____

RIGHT: _____

I certify that the foregoing particulars are correct and that I am prepared to comply with the conditions of The Dales Pony Society of America Stallion Licensing Procedure.

(Owner's Signature) and date (Veterinary Signature) and date

VETERINARY NOMINATED TO CARRY OUT THE EXAMINATION:

Vet's NAME: _____ PHONE: _____

ADDRESS: _____

Owner of stallion shall enclose Certificate of Registration for this stallion and the License Fee of \$75.00.

Owner's NAME: _____ PHONE: _____

ADDRESS: _____ Email: _____