



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

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

NAME OF STALLION \_\_\_\_\_ STUD BOOK NO \_\_\_\_\_

MICROCHIP NUMBER AS READ BY THE VET THIS DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ SHOD/UNSHOD

SIRE \_\_\_\_\_ STUD BOOK NO \_\_\_\_\_

SIRE \_\_\_\_\_ STUD BOOK NO \_\_\_\_\_

DAM \_\_\_\_\_ STUD BOOK NO \_\_\_\_\_

DAM \_\_\_\_\_ STUD BOOK NO \_\_\_\_\_

SIRE \_\_\_\_\_ STUD BOOK NO \_\_\_\_\_

DAM \_\_\_\_\_ STUD BOOK 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:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Owner of stallion shall enclose Certificate of Registration for this stallion and the License Fee of \$30.00.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Email: \_\_\_\_\_

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