

Canadian Sport Horse Association Box 970, Richmond, ON, K0A 2Z0 Tel: 613-686-6161 • Fax: 613-686-6170

Application for Stallion Sight Unseen Approval

FEES RECEIVED:		
Membership		
Inspection		
Registration		
Approved By:		

NAME OF HORSE		Date of Birth:	(dd/mm/yy)	
Breed of Registry	ed of Registry		Registration Number:	
Sire:	Breed of Regi	stry and Number		
Dam:	Breed of Regi	stry and Number	-	
Breeder Name & Address				
	egoing information is to the best of to satisfy myself that it is correct a	TE OF OWNER of my knowledge and belief true and I make and knowing that it is of the same force and	d effect as if made under	
Name:	Address:	Date		
		Postal Code:		
Tel ()	Fax ()	E-mail:		
Signature of OWNER OF STA		CSHA ID # OF OF OWNERSHIP (bill of sale, transfer be countersigned by all parties authorized	of registration papers).	
Other documents required:				
☐ Markings – If not i	ncluded on registration papers	ing approval and including full pedig aphs – front, back and 2 side views.	ree or equivalent	
☐DNA - Case numb	er or contact information			
Performance Reco	ord - please include results of S	Stallion Performance Testing &/or show	w ring results.	
Proof of Ownershi	p – if not indicated on registrat	ion papers, please provide copy of bill	of sale or equivalent	
☐ Membership Appli	cation if not current member			