



LIPIZZANER ASSOCIATION OF AUSTRALASIA

MICROCHIP APPLICATION

(\$17 fee must be forwarded with this application)

OWNER'S NAME: (MR/MRS/MS/MISS) _____

ADDRESS: _____

PHONE NO: _____ (HOME) _____ (WORK)

OWNERS SIGNATURE: _____ **DATE:** _____

HORSE'S REGISTERED NAME: _____

DATE OF BIRTH: _____ **SEX:** _____

COLOUR: _____

REGISTERED NAME OF SIRE: _____

REGISTERED NAME OF DAM: _____

MEANS OF IDENTIFICATION:

1. I wish to microchip only. (Yes / No)

2. I wish to use a combination of microchip and brand. (Yes / No)

The brand/s are or will be: _____

Please return to : LAA Secretary, 36 Nolans Road, STOKERS SIDING NSW 2484

Office use only : Microchip no : _____