

Tallebudgera Pony Club Inc.

Trial Horse Application Form

Date...../...../.....

Application No.....(Office Use Only)

Presented to Committee Meeting

Name.....

Address.....

Contact Number..... Mobile.....

PCAQ Membership Number.....

Horse Details

Name.....

Age..... Sex..... Height.....

Breed..... Wind-sucker.....Y/N

Latest Wormer Treatment/...../.....

Microchip No.....

Vetenary Details

Vet..... Ph.....

Dentist..... Ph.....

Farrier..... Ph.....

Agistment Officer Recommendation

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Signed(Agistment Officer TPC) Date...../...../.....

Committee Decision.....

Signed..... (Secretary TPC) Date...../...../.....

Trial Period Commence...../...../..... End...../...../.....

Applicant Notified/...../..... Copy of Agistment Rules received.....Y/N