# New Zealand Shetland Pony Breeders Society (Inc.)

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# FOAL NAME PRE-APPROVAL FORM

*** * * FOR SHOWING PURPOSES ONLY * * ***

**This is not an NZSPSB Certificate of Registration & is non transferrable. For more information contact the NZSPSB Registrar, 530 Marshland Road, Christchurch 8083 New Zealand www.shetlandpony.org.nz**

**Office Use Only**

**FOAL NAMING PRE-APPROVAL CERTIFICATE**
**TEMPORARY CERTIFICATE FOR SHOWING PURPOSES ONLY**

**Temporary Number:**

Signed: _____ Date: _____

Expiry: _____ / _____ / 20_____

This Pre-approval Certificate expires on 31st July of the season the foal was born in

## Foal Details:

Name:

DOB: _____ / _____ / 20_____

Sex: Male ☐ Female ☐ *(TICK ONE)*

Sire: _____ Registered No: _____

Dam: _____ Registered No: _____

## Breeder's Details:

Name(s): _____

Address: _____

_____

Signed: _____ Date: _____