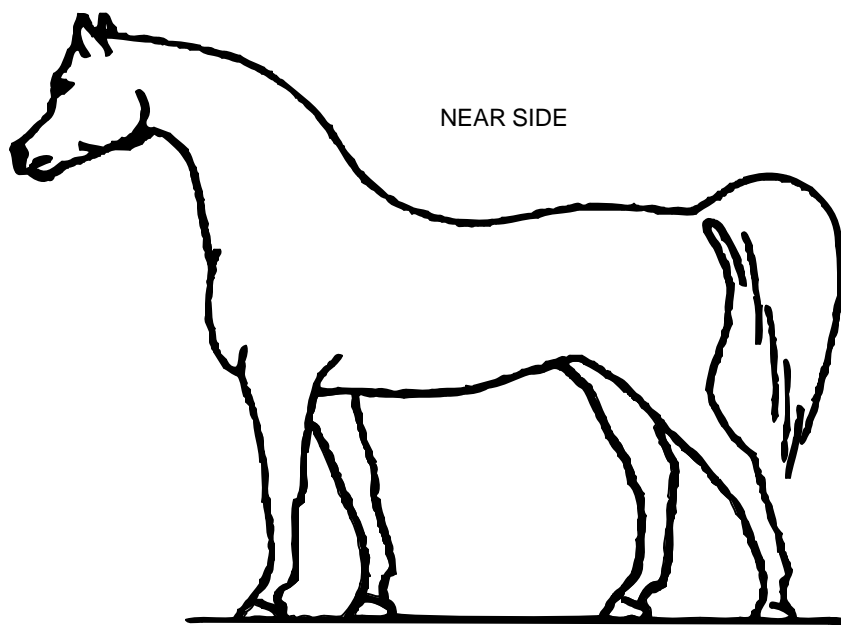


**MARKINGS - THESE DIAGRAMS WILL BE REPRODUCED ON REGISTRATION CERTIFICATES
DO NOT DRAW OR WRITE AROUND DIAGRAMS – DRAW MARKINGS NEATLY & CLEARLY – IF INCORRECT, WILL BE RETURNED**

ALL MARKINGS & BRANDS MUST BE EXACTLY & CLEARLY SHOWN. WHITE MARKINGS MUST BE DRAWN DISTINCTLY & COLOURED IN USING PEN OR TEXTA. FAINT FACIAL MARKINGS WITHOUT PINK SKIN MAY ALSO BE RECORDED ON NON-GREYS. BOTH SIDES OF HORSE MUST BE SHOWN. ALL PINK SKIN MUST BE DRAWN. IF HORSE IS GREY, ONLY MARKINGS WITH UNDERLYING PINK SKIN IS REQUIRED.



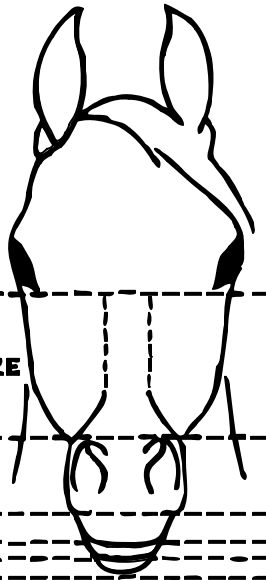
Face

STAR

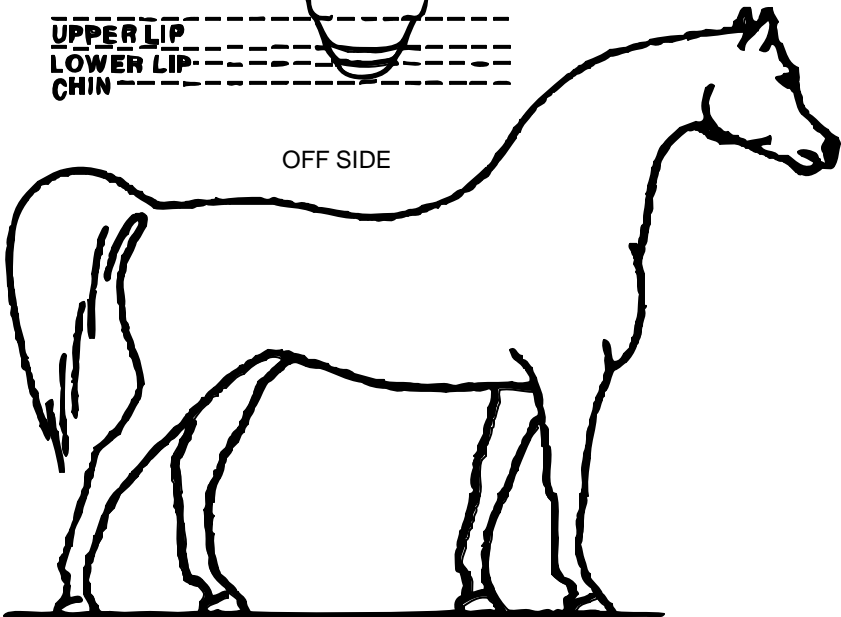
STRIP OR BLAZE

SNIP

UPPER LIP
LOWER LIP
CHIN



OFF SIDE



WRITTEN DESCRIPTIONS:

STOCK BRAND (REQUIRED)
NUMBER BRAND (REQUIRED)
MICROCHIP NUMBER & POSITION (OPTIONAL & DOES NOT REPLACE BRANDS)
FACE / HEAD
NEAR FORE - white markings including hoof
OFF FORE - white markings including hoof
NEAR HIND - white markings including hoof
OFF HIND - white markings including hoof
BODY - (Excluding above markings)

TICK ALL APPROPRIATE BOXES – MUST BE COMPLETED
Boxes must be completed regardless of colour or processing will be delayed

LEGS	White Markings		Underlying Pink Skin		Hoof Colour		
	YES	NO	YES	NO	LIGHT	DARK	PARTI
OFF FORE LEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEAR FORE LEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFF HIND LEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEAR HIND LEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EYES	Dark		Blue		Parti		
NEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACE	White Markings		Underlying Pink Skin	
	YES	NO	YES	NO
STAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRIP OR BLAZE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UPPER LIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOWER LIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>