

CYMDEITHAS Y MERLOD A'R COBIAU CYMREIG WELSH PONY AND COB SOCIETY

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All fields marked with * must be completed. Incorrectly filled in forms or those with errors will be returned.

When submitting forms to the WPCS you will need to provide us with certain personal information. Full details of our privacy policy can be found on our website. If you would prefer a hard copy, please ask a member of WPCS staff.

CHANGE OF SECTION FORM

To be completed when a change of Stud Book Section is required owing to height

Section 1 - Animal Details (fields marked * must all be completed)

*Name of Animal:									
*	Stallion	Mare	Colt	Filly	Gelding	*Date of Birth:	/	/	/
*Colour:						*Transfer from Section: A B C D			
						*Transfer to Section: A B C D			
Sire:				Reg No:			Section: A B C D		
Dam:				Reg No:			Section: A B C D		

Please enclose the existing passport with this form.

Section 2 – Owner Details (fields marked * must all be completed)

*Name: Mr / Mrs / Miss / Other		Membership No:
*Address:		
*Postcode:		*Daytime Tel:
*E-mail Address:		

The new passport will be issued to the owner listed in this section. Please ensure these details are correct.

TO BE COMPLETED BY THE OWNER:

I hereby certify that the particulars recorded on this form are correct to the best of my knowledge and belief

*Signature(s)

Section 3 – Payment Details (Please indicate relevant fees)

Replacement Passport Fee:	Transfer of Ownership Fees: (If applicable)
Change of section	Member: £15.00
£20.50 - Member	£24.00 from 1st August 2023
£29.00 – Non-Member	Non-Member: £25.00
	£36.00 from 1st August 2023

I enclose a cheque/ postal order made payable to the Welsh Pony and Cob Society for the sum of £

I have paid via the website – order number

<input type="checkbox"/> Please charge my Debit Card/ Credit Card	Name on card:
Card Number:	Expiry Date: / /
Security No:	Issue No (switch cards only)

Section 4 – Measurement by a Veterinary Surgeon (all fields in this section must be completed by a qualified Veterinary Surgeon)

TO BE COMPLETED AND SIGNED BY THE VETERINARY SURGEON

I hereby certify that I have measured (Name and registration number):

Height: (Please complete both)

_____ (cms) _____ (hands)

Date: / /

Signature of Veterinary Surgeon:

Qualifications:

Veterinary Official Stamp

Please Note: The markings form on page 2 and the above declaration MUST be completed by a Veterinary Surgeon.

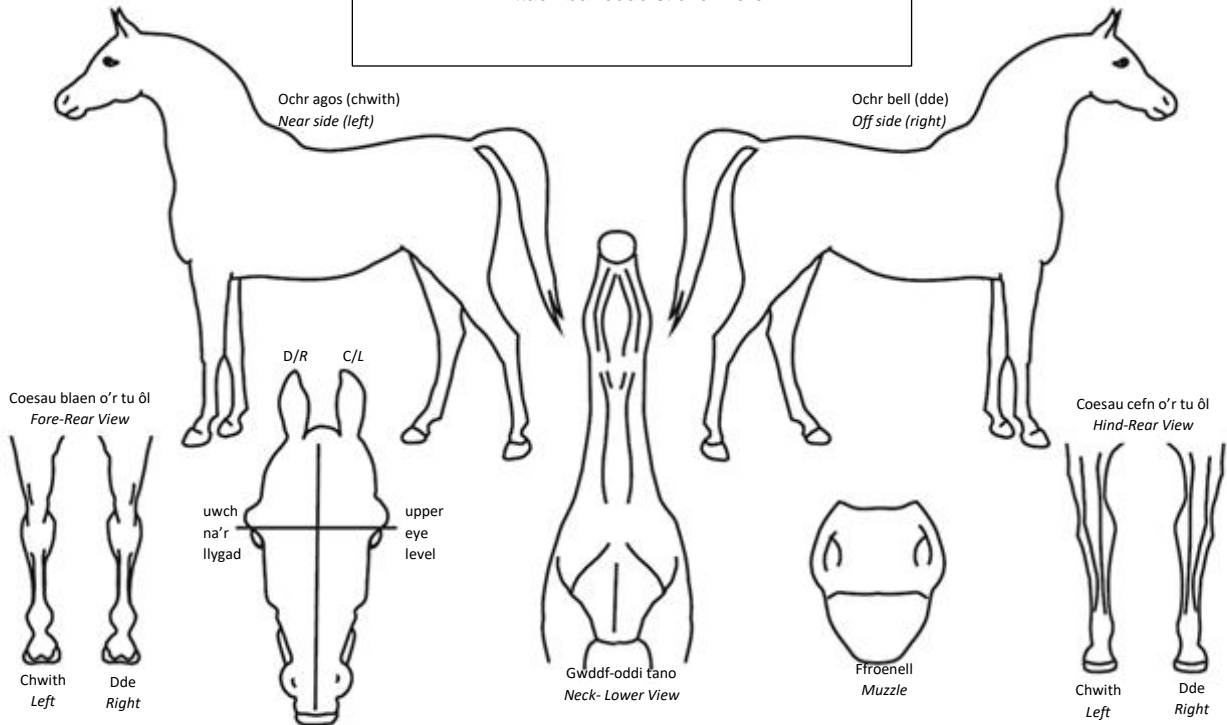
If the animal is not currently in your ownership, a transfer of ownership must be completed at the same time.

Section 5 - Markings, Description and Microchip (fields marked * must all be completed)

*Name:		*Sex:
*Breed:		*Colour:
*Head:		
*Foreleg – Near Side (left)		
*Foreleg – Off Side (right)		
*Hindleg – Near Side (left)		
*Hindleg – Off Side (right)		
*Body		
*Acquired Marks		
*Description taken by:		

Please indicate the location of the microchip with **(M)**
Please mark whorls with X

Attach bar code sticker here



I confirm that (delete as appropriate)
I **have** scanned the horse and no existing microchip was found; therefore, I have inserted an ISO 11784, compliant microchip and attached the barcode sticker above. I can confirm that I have scanned the microchip pre and post insertion, and it is reading correctly/ I **have** scanned the horse and confirm a microchip has been located.

Date: / /

Signature of Veterinary Surgeon:

Qualifications:

Veterinary Official Stamp