

PONY REGISTRATION APPLICATION

INTERNATIONAL QUARTER PONY REGISTRY

Give up to three name choices not to exceed 30 characters and spaces. Do not use punctuation marks (apostrophes are accepted).

1st Choice

2nd Choice

3rd Choice

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Foal Date: _____ - _____ - _____ month date year	Sex: <input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Spayed Mare	Height: _____ inches Indicate ground conditions pony was standing on at time of measurement: <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Dirt <input type="checkbox"/> Grass Ground condition was <input type="checkbox"/> Level <input type="checkbox"/> Not Level
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Color: <input type="checkbox"/> Sorrel <input type="checkbox"/> Chestnut <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Bay <input type="checkbox"/> Gray <input type="checkbox"/> Palomino <input type="checkbox"/> Cremello <input type="checkbox"/> Buckskin <input type="checkbox"/> Perlino <input type="checkbox"/> Dun <input type="checkbox"/> Red Dun <input type="checkbox"/> Grullo <input type="checkbox"/> Red Roan <input type="checkbox"/> Blue Roan <input type="checkbox"/> Bay Roan <input type="checkbox"/> Champagne <input type="checkbox"/> Albino	Pattern: <input type="checkbox"/> Solid <input type="checkbox"/> Overo <input type="checkbox"/> Tobiano <input type="checkbox"/> Blanket <input type="checkbox"/> Leopard <input type="checkbox"/> Frosted <input type="checkbox"/> Roaning <input type="checkbox"/> Sabino <input type="checkbox"/> Other If other specify _____ Blue Eye(s): <input type="checkbox"/> Left <input type="checkbox"/> Right Eyes (other): <input type="checkbox"/> Amber <input type="checkbox"/> Pink / Albino	White Facial Markings: <input type="checkbox"/> None <input type="checkbox"/> Star <input type="checkbox"/> Strip <input type="checkbox"/> Snip Star & Strip <input type="checkbox"/> connected <input type="checkbox"/> disconnected Snip & Strip <input type="checkbox"/> connected <input type="checkbox"/> disconnected Star, Strip & Snip <input type="checkbox"/> connected <input type="checkbox"/> disconnected <input type="checkbox"/> Blaze <input type="checkbox"/> Bald Face <input type="checkbox"/> Upper Lip <input type="checkbox"/> Lower Lip <input type="checkbox"/> Muzzle <input type="checkbox"/> Other (specify) _____	White Leg Markings			
		Right FRONT <input type="checkbox"/> None <input type="checkbox"/> Heel <input type="checkbox"/> Coronet <input type="checkbox"/> ½ Pastern <input type="checkbox"/> Pastern <input type="checkbox"/> Ankle <input type="checkbox"/> Sock Above ankle not more than ½ way up canon bone <input type="checkbox"/> Stocking more than ½ way up canon but below knee <input type="checkbox"/> Legging white extends above the knee - do not check if the majority of body color is white.	Left FRONT: <input type="checkbox"/> None <input type="checkbox"/> Heel <input type="checkbox"/> Coronet <input type="checkbox"/> ½ Pastern <input type="checkbox"/> Pastern <input type="checkbox"/> Ankle <input type="checkbox"/> Sock Above ankle not more than ½ way up canon bone <input type="checkbox"/> Stocking more than ½ way up canon but below knee <input type="checkbox"/> Legging white extends above the knee - do not check if the majority of body color is white.	Right HIND: <input type="checkbox"/> None <input type="checkbox"/> Heel <input type="checkbox"/> Coronet <input type="checkbox"/> ½ Pastern <input type="checkbox"/> Pastern <input type="checkbox"/> Ankle <input type="checkbox"/> Sock Above ankle not more than ½ way up canon bone <input type="checkbox"/> Stocking more than ½ way up canon but below hock <input type="checkbox"/> Legging white extends above the hock - do not check if the majority of body color is white.	Left HIND: <input type="checkbox"/> None <input type="checkbox"/> Heel <input type="checkbox"/> Coronet <input type="checkbox"/> ½ Pastern <input type="checkbox"/> Pastern <input type="checkbox"/> Ankle <input type="checkbox"/> Sock Above ankle not more than ½ way up canon bone <input type="checkbox"/> Stocking more than ½ way up canon but below hock <input type="checkbox"/> Legging white extends above the hock - do not check if the majority of body color is white.	

Send 5 photos with Application: #1- Front ~ #2- Rear ~ #3- Right ~ #4- Left ~ #5- Side shot showing front of pony's face. Submission #5 will be printed on papers. For photo submission acceptability please review recommendations on website.

Applicant pony has been inspected by an official QPA Inspector: <input type="checkbox"/> NO (subject to future inspection) <input type="checkbox"/> YES – If YES, QPA Inspector <i>must</i> complete the following prior to submission:	
Inspected by: _____	Inspection date: _____ Reference # _____

Owner of *SIRE* at time of service: _____ Location (city & state): _____
 Owner of *DAM* at time of service: _____ Location (city & state): _____

OWNER INFORMATION, at time of application submission:	
Name: _____	QPA Membership # _____ (if applicable)
Complete Address _____	
Phone # (include area code): _____	Email: _____
OWNER SIGNATURE: _____	
Date: _____	

REGISTRATION FEES

Standard or Breeding Stock: \$25.00 ~ Hardship: \$40.00 ~ Before 1 year old: \$15.00 ~ Non QPA Members add: \$15.00

SEND COMPLETED APPLICATION (and fees if not already submitted) TO:

IQPA ~ P.O. BOX 230 ~ Lyles, TN 37098

FOR MORE INFORMATION ON REGISTRATION & REQUIREMENTS VISIT WWW.IQPA.COM

FOR INFORMATION ON OUR AFFILIATE (QPA) AND MEMBERSHIP SERVICES VISIT WWW.QuarterPonyAssociation.com