



KAIMANAWA HERITAGE HORSES

APPLICATION FORM FOR A KAIMANAWA HORSE

Applicants Details:

Name:	
Residential Address:	
Postal Address:	
Previous Address if moved in the last 12 months:	
Daytime Phone No:	
Home Phone No:	
Mobile Phone	
Email Address	
Occupation	
Date of Birth:	

Horses Details:

Registered Name:			
Registration Number			
Paddock Name:			
Colour & Markings			
Age		Sex	
Origin:			
What do you intend to do with the horse?			

Where is the horse to be kept? Please provide Rapid/Rural No. & full address	
Size of Property	
Other Stock on Property	
Is the property Owned/Leased/ Rented by You?	

Have you ever been approved as a buyer for Kaimanawa horse(s)? Yes / No
 If yes, please state what year _____ and from whom _____

What experience do you have in handling unbroken horses or what access do you have to people with this experience?

If your horse is to go directly to a training establishment to be handled or started, please advise contact details:

Name of Establishment:		
Contact Person		
Full delivery address		
Phone No:	Day:	Evening:

Referees:

Please provide the names and phone numbers of **two referees (not a family member) qualified to verify your knowledge and ability with horses**. A KHH representative will phone these people.

Name:		
Address:		
Phone No:	Day:	Evening:
I _____ declare that the above person is known to me, has suitable grazing, facilities and ability to care for the number of wild horse(s) requested		
Signed: _____		Date: _____
Please circle one Veterinary Surgeon, Animal Welfare Inspector, MAF, SPCA, KWHWT Area Representative, AgriQuality Livestock Consultant.		

Name:		
Address:		
Phone No:	Day:	Evening:
I _____ declare that the above person is known to me, has suitable grazing, facilities and ability to care for the number of wild horse(s) requested		
Signed: _____		Date: _____
Occupation: _____		
Relationship to the applicant _____		

I understand and accept the following terms and conditions:

- A. I am responsible for the care and welfare of the horse at all times.
- B. I am not purchasing the horse on behalf of another party.
- C. The horse will remain the property of the KHH until paid in full. I agree to pay KHH the balance of payment for my horse(s) within 7 days of and any debt collection costs arising from my failure to pay by the required date.
- D. I am over 18 years of age.

Declaration:

I _____ declare that the above information supplied by me is true and correct. I understand & accept the terms & conditions in this application. I understand and accept that the KHH decision, whether or not to supply me with horse which may be based on this information or any other reason, is final. I agree to a property pre-check before this application is approved. I also agree to a follow-up visit/s of any horses I received within 6 months of my receipt of the horse(s).

Signed: _____

Date: _____

Please return your **completed & signed** application form.

**Kaimanawa Heritage Horse Welfare Society
P.O. Box 133
Patumahoe 2344,
Franklin.**

If you have any questions regarding your application please contact:

info@ KaimanawaHeritageHorses.org

Or phone 09 236 4115.

KHH is a registered charity run solely by committed volunteers; all funds are spent in the care & promotion of the Kaimanawa Wild Horses.