

WELSH PONY & COB SOCIETY OF AMERICA, INC.

OFFICIAL MEASUREMENT FORM

NO FEE FOR MEMBERS

\$5.00 FEE FOR NON-MEMBERS

PONY/COB NAME: _____ WPCSA REG. # _____

SEX: _____ COLOR: _____ YEAR FOALD: _____

MARKINGS (HEAD, LEGS, BODY): _____

OWNER: _____ WPCSA MEMBER: _____

ADDRESS: _____ NON-MEMBER: _____

Signature of registered owner or authorized agent

Must be at least 18 years of age

ANIMAL MUST BE MEASURED AND FORM SIGNED BY ANY TWO OFFICIALS ACTING TOGETHER: A VETERINARIAN, A USEF STEWARD, A WPCSA TECHNICAL DELEGATE (TD), OR A COMMISSIONER WHO IS OFFICIATING IN THE SHOW AT WHICH THE ANIMAL IS MEASURED.

_____ 20 _____

We hereby certify that we measured this animal at the _____ Show.

Its height is _____ hands, _____ inches and is SHOD _____ UNSHOD _____.

Veterinarian/USEF Steward/WPCSA TD/Commissioner

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*Payment of \$5 has been received for the measurement of the above animal

* _____

(Show Secretary)

Payment must be submitted with form for all non-members. If payment is not sent show will be fined.