



Oldenburg Horse Breeders Society
A Division of the Oldenburger Pferdezuchtverband e.V.

INSPECTION TOUR ENROLLMENT FORM

Please complete both sides of this form and email or mail as soon as possible to the inspection site you plan to attend. Only one owner per form. Make additional copies as needed. Use this form for mares & foals only. If you plan to present a stallion for inspection, please contact the German office at scharmman.bastian@oldenburger-pferde.com. Also you must have submitted your complete registration forms to Bastian in advance. Please consider the inspection closing dates. You find the dateline on the Inspection schedule.

Inspection Date: _____ Location: _____
Owner of Horse: _____
Address: _____
Phone: _____ Email: _____

MARES

The mare's *ORIGINAL* registration papers must be presented on inspection day for stamping. The photocopy of the papers needs to be of the mare's official 4-generation pedigree page from the registry that issued the mare's original registration papers. Please send the photocopy per E-Mail (PDF) to the German office in advance.

Some site owners require proof of a current negative Coggins test, please check with your host. Also a current Health Certificate may be required by your state or any states you may be traveling through to reach the inspection site so please check with your personal veterinarian regarding these requirements.

Foals/Yearlings

The foal's Breeding Certificate signed by the stallion owner must be send per E-Mail to the German office in advance. Some site owners require proof of a current negative Coggins test.

MARES FOR INSPECTION

Mare #1

Name: _____

Year of Birth: _____ Breed: _____ Reg #: _____

Sire: _____ Dam: _____

Mare #2

Name: _____

Year of Birth: _____ Breed: _____ Reg #: _____

Sire: _____ Dam: _____

Mare #3

Name: _____

Year of Birth: _____ Breed: _____ Reg #: _____

Sire: _____ Dam: _____

FOALS/YEARLINGS FOR INSPECTION

Foal #1

Name: _____

Date of Birth: _____ Sex: _____

Sire: _____ Dam: _____

Foal #2

Name: _____

Date of Birth: _____ Sex: _____

Sire: _____ Dam: _____

Foal #3

Name: _____

Date of Birth: _____ Sex: _____

Sire: _____ Dam: _____

Foal #4

Name: _____

Date of Birth: _____ Sex: _____

Sire: _____ Dam: _____

STABLING/HANDLING/BRAIDING

(Please check with your site host regarding availability of these services)

Number of stalls needed (if available) _____

Date/time you plan to arrive _____

(Please check with your site host to confirm ship-in timing and parking info)

I would like to have a professional handler (if available)

I would like someone to braid my horses (if available)