



NC2 - Registration of Name of Horse
Foreign Bred (Non-GB/IRE)

Registration Under the Rules of Racing

Form header with P.P. field and FOR OFFICE USE ONLY label

This form is for use by those wishing to register a name of a horse under the Rules of Racing.

An application to name a horse must be made through the Turf Authority of the country where it currently resides.

Named animals - Animals that have already been named in their country of origin before importation into Great Britain must ALSO be named with the British Horseracing Authority.

Un-named animals - For foreign bred animals which are un-named. The name you are applying for must be available for registration in both the country of the animals birth and Great Britain or Ireland; as the name must be registered in both countries.

THE PASSPORT & MARKINGS DECLARATION MUST ACCOMPANY THIS FORM.

Name availability can be checked at www.britishhorseracing.com/regulation/ownership/horse-name-availability

Table with columns: COLOUR, SEX, YEAR OF FOAL, COUNTRY OF BIRTH, NAME OF SIRE, NAME OF DAM

Section B: PROPOSED NAMES. Includes two rows for name entry, reservation numbers, and meanings.

Section C: PUBLIC PERSON AND NAMES OF COMMERCIAL SIGNIFICANCE. Includes a 'Please note' section and a disclaimer.

Section D: HORSE NAME REGISTRATION FEES. Includes fee information, a disclaimer, and payment options.

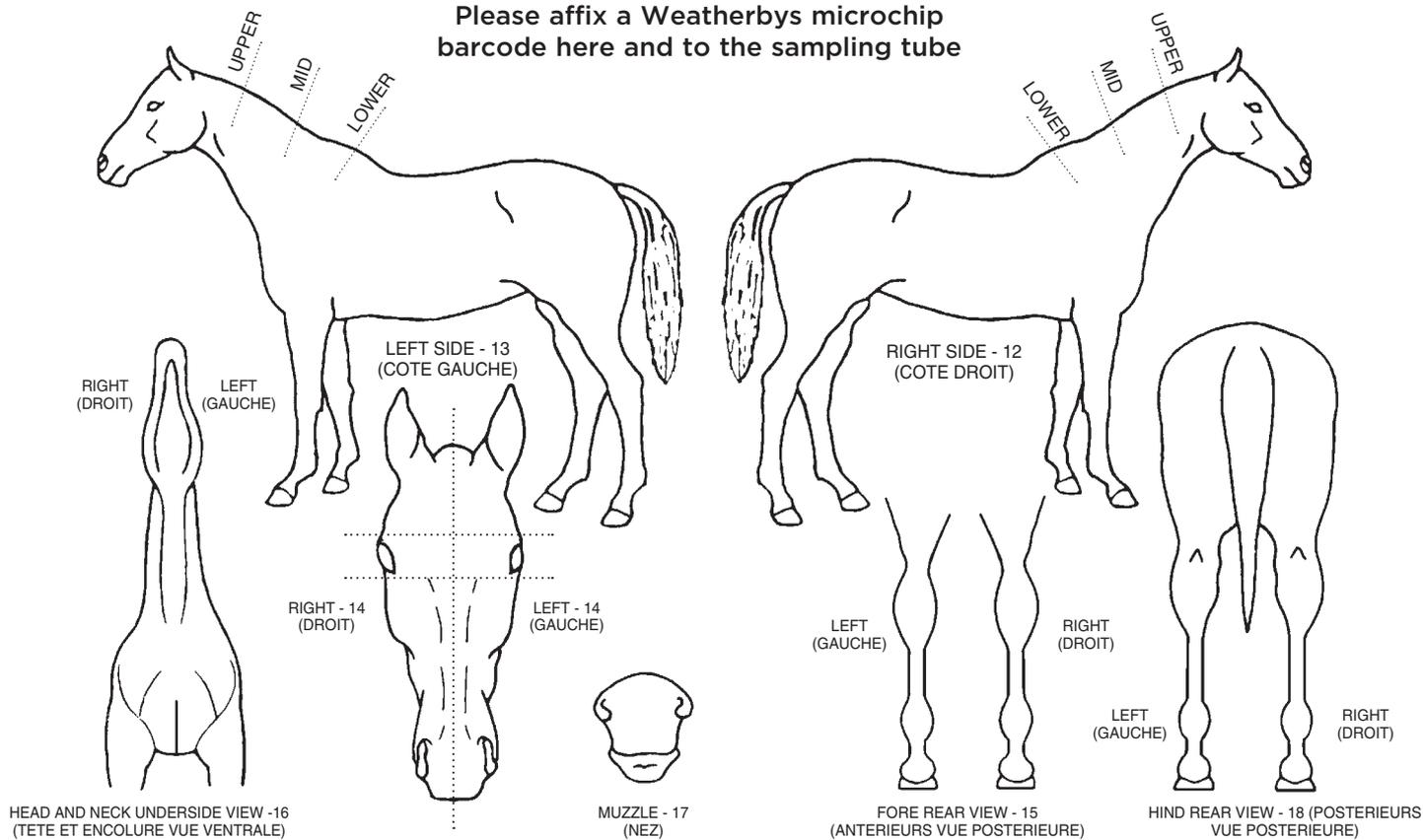
Section E: NEW MARKINGS DECLARATION. Includes a declaration statement and signature/date fields.

Section F: Your name and address details will be verified against or added to the database. It is important that we have your full name and address, including postcode.

Form fields for Name of Owner, Date of Birth, Title, Daytime Contact Telephone number, Address of owner, Post Code, and To whom should the passport be returned?

Please return this form to: Registrations, Racing Services, Weatherbys, Sanders Road, Wellingborough, Northamptonshire, NN8 4BX or naming@weatherbys.co.uk

Please affix a Weatherbys microchip barcode here and to the sampling tube



NAME AND ADDRESS OF VETERINARY SURGEON (IN BLOCK CAPITALS)

Date of examination
/ /

Signature of Veterinary Surgeon
(not to be the breeder, owner or trainer of the horse)

VETERINARY CERTIFICATE OF AGE AND MARKINGS FOR IDENTIFICATION PURPOSES

Please read instructions overleaf before completing this form.

NAME OF OWNER		TEL	
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ADDRESS	
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*THESE ITEMS ARE BASED ON INFORMATION SUPPLIED BY THE OWNER OR THEIR AGENT. PLEASE WRITE CLEARLY.

COLOUR (Robe)	SEX (Sexe)	* DATE OF BIRTH (D.d.N)	* SIRE (Pere)	* DAM (Mere)
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HEAD - (3b) (TETE)	
LIMBS (Membres)	L.F. (A.G.) (3c)
	R.F. (A.D.) (3d)
	L.H. (P.G.) (3e)
	R.H. (P.D.) (3f)
BODY /NECK- (3g) (CORPS)	
MARKINGS (3h) (MARQUES)	