



SOLICITUD DE SERVICIO INTERNACIONAL/INTERNATIONAL APPLICATION FOR SERVICE
(PARA ENTREGAR A LA ENTIDAD COLABORADORA DEL LIBRO GENEALÓGICO PRE ANCCE) /
(MUST BE SENT TO THE PRE ANCCE STUD BOOK AUTHORIZED ORGANIZATION)

D./Dña./ Mr./Mrs.: John Smith		Fecha: Date(d/m/yr) 1 0 / 1 0 / 1 0								
CÓDIGO GANADERÍA (10 dígitos) / BREEDER'S CODE (10 digits)	0	6	C	0	0	2	5	4	3	9
NOMBRE GANADERÍA / FARM NAME	Australian Horse Stud									
DATOS PERSONA DE CONTACTO / CONTACT INFORMATION	NOMBRE / FULL NAME		John Smith			TELÉFONO / TELEPHONE		61 3 5821 9763		
DIRECCIÓN DE GANADERÍA / FARM ADDRESS	20 Smith Road, Smithville, Victoria, 3872					PAIS / COUNTRY		Australia		
CODIGO DE SERVICIO (*) / SERVICE CODE (*)	7	0	0	Nº EJEMPLARES / Nº HORSES			1	AMOUNT (€/£/\$...)/ IMPORTE	\$350 breeder or \$55 owner only	

A.- CODIGOS DE SERVICIO (*) / SERVICE CODES (*) COPIAR LOS TRES DIGITOS DEL SERVICIO EN EL CUADRO ANTERIOR / USE THE 3-DIGIT SERVICE CODE NUMBER IN THE SPACE ABOVE

FOR THE AUTHORIZED ORGANIZATION / PARA LA ENTIDAD COLABORADORA:

103 - IDENTIFICACIÓN para la INSCRIPCIÓN (1) / IDENTIFICATION for INSCRIPTION (1)	413 - ESTABLECIMIENTO CARTA TITULARIDAD / OWNERSHIP CARD
115 - IDENTIFICACIÓN para RENOVACIÓN Documentación / IDENTIFICATION for DOCUMENT RENEWAL	SOLICITUD ANALÍTICA / ANALYSIS APPLICATION
206 - APTITUD BÁSICA para la REPRODUCCIÓN / BASIC EVALUATION	528 GENOTIPADO/ GENOTYPE
220 - VALORACIÓN de REPRODUCTOR CALIFICADO / EVALUATION for QUALIFIED BREEDING STOCK	516 CONTROL IDENTIDAD/ IDENTITY TESTING
231 - DUPLICADO CARTA TITULARIDAD / DUPLICATE OWNERSHIP CARD	504 CONTROL FILIACIÓN/ PARENT VERIFICATION(*)
243 - GENÉTICA DE CAPAS / COAT COLOR TESTING	607 - CAMBIO DE NOMBRE / HORSE NAME CHANGE (3)
309 - CERTIFICADO DE EXPORTACIÓN / EXPORTATION CERTIFICATE (2)	619 - CAMBIO TITULARIDAD (diligencia de traspaso) / CHANGE OF OWNERSHIP (Ownership Transfer)
310 - CERTIFICADOS / CERTIFICATES	700 - SOLICITUD CÓDIGO GANADERO CRIADOR / BREEDER'S CODE APPLICATION (4) (5)
401 - DUPLICADO DOCUMENTO ACOMPAÑAMIENTO / DUPLICATE PASSPORT	218 - OTROS / OTHERS

B. PRODUCTOS PARA LOS QUE SE SOLICITA ACTUACIÓN / HORSES FOR WHICH YOU ARE REQUESTING SERVICE

Código o Nº Certificado Cubrición/ Code or Breeding Certificate Number	Nombre / Name	Código o Nº Certificado Cubrición/ Code or Breeding Certificate Number	Nombre / Name
1		6	
2		7	
3		8	
4		9	
5		10	


C.- PROPUESTA NUEVOS PROGENITORES (*) / PROPOSAL OF NEW PROGENITORS (*) EN INCOMPATIBILIDADES, RELLENAR LA PROPUESTA NUEVOS PROGENITORES / FOR INCOMPATIBILITIES, FILL OUT THE PROPOSAL OF NEW PROGENITORS

PRODUCTO / HORSE		PADRE / SIRE		MADRE / DAM	
Cert Cubrición/CHIP Breeding Certificate		Código/ Code		Código/ Code	
Nombre/ Name		Nombre/ Name		Nombre/ Name	

D.- ADJUNTANDO LOS SIGUIENTES DOCUMENTOS/ PLEASE INCLUDE THE FOLLOWING DOCUMENTS

- FOTOCOPIA CERTIFICADO DE CUBRICIÓN Y NACIMIENTO/ PHOTOCOPY OF BREEDING & BIRTH CERTIFICATES
- IMPRESO DE SOLICITUD DE EXPORTACIÓN/ CERTIFICATE OF EXPORTATION FORM
- IMPRESO DE SOLICITUD DE CAMBIO DE NOMBRE / HORSE NAME CHANGE APPLICATION FORM
- SOLICITUD CODIGO GANADERIA., ESTADO INICIAL DE LA GANADERIA/ BREEDER'S CODE APPLICATION, INITIAL FARM REPORT
- NO DEBEN FIGURAR EJEMPLARES EN ESTA SOLICITUD DE SERVICIO/ DO NOT INCLUDE NAMES OF HORSES IN THIS APPLICATION FOR SERVICE WHEN APPLYING FOR A BREEDER' CODE

Firma del ganadero o representante legal / Signature of Owner or
Legal Representative



E.- ADDRESS WHERE THE SERVICE/S ARE TO BE PROVIDED (IF DIFFERENT FROM THE FARM ADDRESS)



APPLICATION FOR BREEDER/HORSE OWNER CODE – LG PRE ANCCE

CHOOSE ONE: BREEDER HORSE OWNER

NAME OF THE STUD FARM

Name of Stud Farm:	Australian Horse Stud	BRAND (1)	
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1. OWNER:

FULL NAME OF OWNER: John Smith	ID Number ⁽²⁾ : (put your drivers licence or passport number here)		
Full Address: 20 Smith Road			
Town/City: Smithville	County: Victoria	Postal Code: 3872	Tel.: 613 5821 9763
E-mail: jsmith@bigpond.com.au	Mobile Tel: 61 427 985 983	Fax: 613 5821 9764	
COUNTRY: Australia			

2. REPRESENTATIVE: (only should this differ from the owner) (use this if you are not at the farm and someone else will manage the horse's affairs/breedings etc – or leave blank if it's you who will do this)

Representative Mr./Ms:	ID Number ⁽²⁾ :		
Full Address:			
Town/City:	County:	Postal Code:	Tel:
E-mail:	Mobile Tel:	Fax:	
COUNTRY:			

3. STUD FARM ADDRESS: (in Spain, many people live in cities, and the farms are elsewhere – fill this in anyway, even if it's the same as at section 1)

Name of property or establishment: Australian Horse Stud			
Town/City: Smithville	Postal Code: 3872	County: Victoria	
Contact Person: John Smith	E-mail:	jsmith@bigpond.com.au	
Tel: 613 5821 9763	Mobile Tel: 61 427 985 983	Fax: 613 5821 9764	
COUNTRY: Australia			

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SELECT ADDRESS FOR RECEIPT OF DOCUMENTS

1 2 3

FOUNDING DATE, ORIGIN AND LOCATION OF THE STUD FARM

Please provide a brief description on the reverse, with a map showing location of the stud farm, should this be necessary

On10 October2011.....
Write date in full



Signature:
Owner / Legal Representative

-DOCUMENTATION TO BE INCLUDED:
Initial Farm Report

¹⁾ If a picture of the BRAND is available, send it to internacional@lgpreancce.com or to your collaborating organization
²⁾ Indicate ID / Passport / Social Security Number / Drivers License



DATA PROTECTION- In keeping with the mandates of article 5 of Law 15/199, dated December 13 (published in State Gazette, B.O.E. on December 14, 1999), which refers to the Protection of Personal Data, you are informed that the information contained herein will be incorporated in the LGPRE ANCCE General File, regulated by the Law of 27-07-1994, modified by the Law of 26-03-1999. In terms of the said data, you may exercise your right to access, alteration and cancellation, according to the terms indicated in Law 15/1999.

INITIAL FARM REPORT- LG PRE ANCCE

NAME OF STUD FARM:	Australian Horse Stud
Owner/legal representative:	John Smith

HORSE		Sex (2)	Birth year	HORSE		Sex (2)	Birth year
Code.(1)	200954631			Code.(1)			
Name.	Diego			Name.			
Code.	7240151002AU105			Code.			
Name.	Dominante			Name.			
Code.	1901010023AS246			Code.			
Name.	Ego			Name.			
Code.				Code.			
Name.				Name.			
Code.				Code.			
Name.				Name.			
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Code.				Code.			
Name.				Name.			

- (1) 9 last digits of codigo or Covering Certificate
 (2) Write: S: Stallion G: Gelding M: Mare

In the city ofSmithville....., on10 October..... 2011..
 (Write date in full)



Signature:
OWNER/LEGAL REPRESENTATIVE