

# Walkaloosa Horse Association

4055 Villa Creek Road

Cayucos, CA 93430

805-995-1894

Application Date \_\_\_\_\_

Foal Date \_\_\_\_\_

**SIRE:** \_\_\_\_\_

Registration# \_\_\_\_\_

Name of this Entry  
(Must not exceed 18 letters including apostrophes)

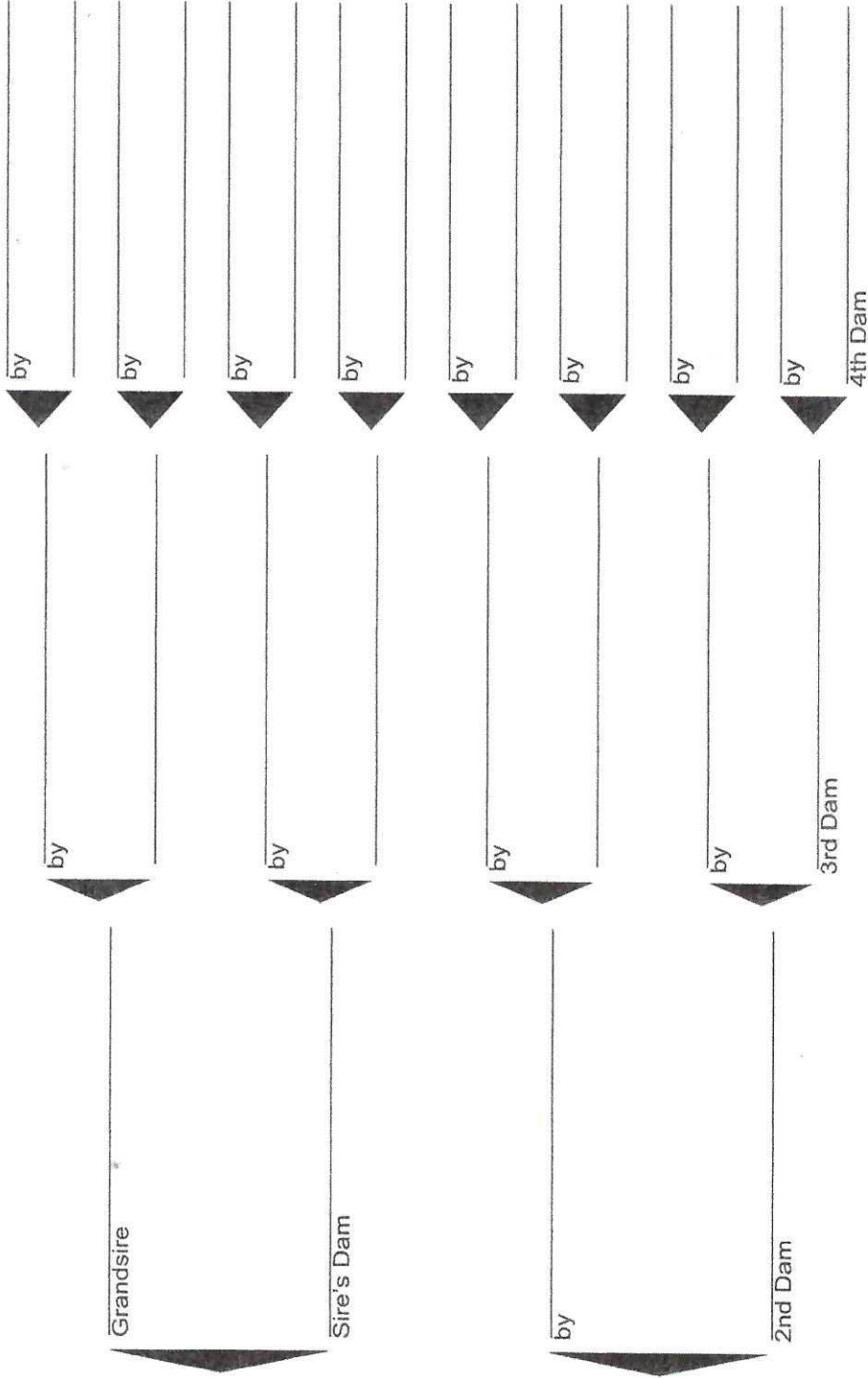
Choice #1 \_\_\_\_\_

Choice #2 \_\_\_\_\_

Choice #3 \_\_\_\_\_  
If three names are not given office will supply a name

**DAM:** \_\_\_\_\_

Registration # \_\_\_\_\_



**PICTURES:**  
This application must be accompanied by current color photographs showing (without saddle) full right and left side views including all four hooves, and a direct frontal face view. Please move the forelock away from any white markings on face.

**GAIT:**  
All horses applying for registration must be inspected for gait. A professional trainer, breeder or veterinarian must certify gait.  
  
Gait Inspector \_\_\_\_\_

I certify the above information is correct to the best of my knowledge and belief.  
Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Phone \_\_\_\_\_ email \_\_\_\_\_