

**Office Use Only**

Received by: Print:

Sign:

Date:

Time:

am

pm

**NSBA Measurement Form**

(This form will not be valid unless it is completed in full and turned in PRIOR to showing)

Equine's Name:

Back/Entry #:

Equine's Age:

Sex:

NSBA Registration #: L

Microchip:

Owner:

Address:

City:

State:

Zip:

Phone:

Agent/Trainer:

Exhibitor:

The agent/trainer (any adult who has responsibility for the care, custody, control and/or performance of the horse) is responsible for the conditions of the equine and for compliance with all NSBA measurement rules. The undersigned further acknowledges that all persons involved in the ownership, preparation and/or showing of his equine have read and fully understand and agree to comply with the NSBA measurement rules as they appear in the current NSBA Rulebook.

Signature: \_\_\_\_\_ (circle one) Owner Exhibitor Agent

**Reason for Measurement**

Annual Measurement

Remeasurement Request

**Measurement Information** (Must be completed by veterinarian and steward)

Name of Show:

Date:

Height:

Hands

Inches

Height of Front Heels:

Left

Right

Hoof Status:

Unshod

Shod Front

Shod Behind

Shod All

Jogged Sound

Unsound

Equine Age (Verified by teeth):

Markings Head:

Body:

Legs: Left Front

Right Front

Left Hind

Right Hind

Name of Veterinarian:

Name of Steward:

Veterinarian Signature:

Steward Signature:

Veterinarian Email:

Steward Email:

Veterinarian Phone:

Steward Phone:

Please forward completed form to NSBA with show results. Please call NSBA if you have any questions about the Measurement Rule.

WHITE – NSBA YELLOW – Show Management PINK – Owner/Trainer