



# Mature Measurement Certification

REVIEW REGISTRY GUIDELINES BEFORE COMPLETING THIS FORM

PLEASE PRINT CLEARLY

## DONKEY DETAILS

Registered Name \_\_\_\_\_ AKA \_\_\_\_\_

Date of Birth \_\_\_\_\_ Registration # \_\_\_\_\_

- Breed**  American Miniature Mediterranean Donkey (Mature measurement required at 3 years)  
 NZ Miniature Donkey (Mature measurement required at 3 years)  
 NZ American Mammoth Donkey (Mature measurement required at 5 years)  
 Australian Teamster Donkey (Mature measurement required at 5 years)

**Breed Gender**  Jack  Jenny  Gelding

**Colour**  Bay  Black  Brown  Cream  Grey-Dun  Red  Dark Red  Light Red  
 Silver Grey  White  Roan  Broken Colour

**Microchip Number** \_\_\_\_\_

**Microchip Location** \_\_\_\_\_

**Branded**  Yes  No Nearside Brand \_\_\_\_\_ Offside Brand \_\_\_\_\_

**Markings** \_\_\_\_\_

*Note any distinguishing markings*

**Photos Attached**  Yes **Coat** at time of photo  Summer  Winter  
*Summer coat is strongly preferred as this provides the best indication of colour*

**Original Certificate Attached**  Yes

## OWNER DETAILS

Name \_\_\_\_\_ Stud Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## MATURE MEASUREMENT CERTIFICATION PAYMENT

Payment of \$\_\_\_\_\_ was transferred on \_\_\_\_\_ into DMSNZ account **03-0960-0185073-00**

The Owner is a current financial member of the Society  Yes  No

*Refer Registry Guidelines for fee information and how to annotate your bank transfer*

## MEASURER CERTIFICATION

Date of Measurement \_\_\_\_\_ Age of Donkey at Measurement \_\_\_\_\_

Height at Withers \_\_\_\_\_  cm  inches

Mid Cannon Bone Circumference \_\_\_\_\_  cm  inches (NZ American Mammoth only)

Heart Girth \_\_\_\_\_  cm  inches (NZ American Mammoth only)

*Refer Registry Guidelines, Maturity Certification section for measurement procedures*

The information in this certification is correct to the best of my knowledge. I have verified the identity and confirmed the measurements of this equine in accordance with the regulations of the Donkey & Mule Society of New Zealand.

**Approved Measurer Name** \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

**Witness Name** \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_