



APPLICATION FOR LG BREEDER CODE – LG PRE ANCCE

CHOOSE ONE: BREEDER HORSE OWNER

NAME OF THE STUD FARM

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

FULL NAME OF OWNER:		ID Number ⁽²⁾ :	
Full Address:			
Town/City:	County:	Postal Code:	Tel.:
E-mail:	Mobile Tel:	Fax:	
COUNTRY:			

2. REPRESENTATIVE: (only should this differ from the owner)

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

3. STUD FARM ADDRESS:

Name of property or establishment:			
Town/City:	Postal Code:	County:	
Contact Person:		E-mail:	
Tel:	Mobile Tel:	Fax:	
COUNTRY:			

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

On20.....
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@lgpreancece.com or to your collaborating organization
²⁾ Indicate ID / Passport / Social Security Number / Drivers License



MINISTERIO DE
AGRICULTURA, PESCA
Y ALIMENTACIÓN



ANCCE
LIBRO GENEALÓGICO PRE
STUD-BOOK
www.lgpreancece.com

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:	
Owner/legal representative:	

HORSE		Sex (2)	Birth year	HORSE		Sex (2)	Birth year
Code.(1)				Code.(1)			
Name.				Name.			
Code.				Code.			
Name.				Name.			
Code.				Code.			
Name.				Name.			
Code.				Code.			
Name.				Name.			
Code.				Code.			
Name.				Name.			
Code.				Code.			
Name.				Name.			
Code.				Code.			
Name.				Name.			
Code.				Code.			
Name.				Name.			

(1) 9 last digits of codigo or Covering Certificate

(2) Write: S: Stallion G: Gelding M: Mare

In the city of, on 200.....

(Write date in full)

Signature:

OWNER/LEGAL REPRESENTATIVE