

HALF-ARABIAN / ANGLO-ARABIAN HORSE REGISTRATION APPLICATION



Arabian Horse Association

6030 Greenwood Plaza Blvd
Suite 100
Greenwood Village, CO 80111

ArabianHorses.org
info@arabianhorses.org
303.696.4500

HORSE INFORMATION

Foaling Date: ____/____/____
Month Day Year

Name Requested (*Maximum of 21 letters or spaces*)

1st Choice																				
2nd Choice																				

SEX

☐ Mare ☐ Gelding ☐ Stallion

Date Gelded _____

Body Color:

☐ Bay ☐ Grey ☐ Chestnut ☐ Buckskin ☐ Dun ☐ Palomino ☐ Black

Photographs are required for the following color selections and/or patterns:

☐ Black Bay ☐ Brown ☐ Liver Chestnut ☐ Grullo ☐ Tobiano ☐ Overo ☐ Leopard ☐ Blanket ☐ Snowflake ☐ Roan

Breed (List Breed Registry or "Grade")*

Registration #

Horse Name

Color

SIRE: _____

DAM: _____

***For Half-Arabians**, one parent must be a registered purebred Arabian with the Arabian Horse Registry or the Canadian Arabian Horse Registry. Additionally, the non-Arabian parent cannot be an "unregistered" purebred Arabian, registered Anglo-Arabian or registered Thoroughbred.

Anglo-Arabian applications must be accompanied with a copy of the Certificate of Registration for the Thoroughbred parent. For **Half-Arabian applications**, please submit a copy of the current Certificate of Registration for the non-Arabian parent (if registered).

RECORDED OWNER OF DAM AT TIME OF FOALING

AHA Membership # _____ Name _____

Address _____ City _____ State/Prov. _____ Zip _____

Phone _____ Fax _____ Email _____

I certify that the above listed pedigree and particulars are correct to the best of my knowledge and belief. I further agree that the foal will be subject to registration requirements as described in the AHA Handbook.

Signature _____ **Date** _____

RECORDED OWNER OF DAM AT TIME OF BREEDING

AHA Membership # _____ Name _____

Address _____ City _____ State/Prov. _____ Zip _____

Phone _____ Fax _____ Email _____

I certify that the mare listed above was bred to the stallion listed above.

Signature _____ *or authorized agent or assigned breeder* **Date** _____

RECORDED OWNER OF SIRE AT TIME OF BREEDING

AHA Membership # _____ Name _____

Address _____ City _____ State/Prov. _____ Zip _____

Phone _____ Fax _____ Email _____

Service dates: _____ Year _____

By: ☐ Natural (Hand) Service ☐ Artificial Insemination ☐ Pasture Breeding ☐ Transported Semen

☐ **Embryo Transfer**- Choose the method of breeding above. (*Verification of parentage is required. See AHA rules for embryo transfer.*)

I certify that the mare listed above was bred to the stallion listed above on the service dates I have provided.

Signature _____ **Date** _____

All applications and registrations are subject to AHA's Rules and Regulations. All persons completing or signing any portion of this application, or submitting this application, agree to abide and be bound by the Rules and Regulations. An incorrect certification may result in rejection or cancellation of this registration and in appropriate cases, disciplinary action against the persons involved. **Verification of parentage to purebred Arabian parent is required on foals 2 years of age and older. (See AHA rules for further information.)**

Draw Markings -or- ☐ NO WHITE MARKINGS ON FACE OR LEGS

Face

Star _____

Strip or Blaze _____

Snip _____

Upper lip, Lower Lip and Chin _____

Stocking _____

Sock _____

Fetlock _____

Pastern _____

Coronet _____

Body

Body Markings, Tattoo or Brand (if any) _____

Legs

Front View

Fore Legs Hind Legs

Right View

Hind Legs Fore Legs

Left View

Fore Legs Hind Legs

Hind View

Fore Legs Hind Legs

HOOF COLOR:

	Light	Dark	Partial
Right Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Glass Eye (blue?)

☐ NO ☐ YES ☐ Left ☐ Right

TRANSFER

If this horse is to be registered in a name other than the recorded owner of the dam at the time of foaling, please complete the following. Transfer fee is \$15 per transfer recorded.

Dam name _____ Registration # _____

Sire name _____ Registration # _____

Foaling date: ____/____/____

Sale date: ____/____/____

Transfer ownership to:

Name _____ Member # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Day Phone _____

Fax _____ Email _____

I (we) certify that all information above is correct to the best of my (our) knowledge and belief. I (we) further agree to transfer ownership of this horse to the person(s) listed above

Signature

(recorded owner of the dam at time of foaling "and" ownership requires ALL signatures)

FEES

Please logon to www.ArabianHorses.org for a current fee schedule or contact us at 303-696-4500.

	Member	Non-Member
Date of birth to 6 months	\$50	\$105
6 months to 12 months	\$65	\$120
12 months to 24 months	\$100	\$155
After 24 months (Non refundable)	\$200	\$255
Transfer of ownership	\$15	\$15

(Prices subject to change)

Method Of Payment (US Funds Only) A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. This fee is not applicable if the payment is by cash, check, money order or ACH.
☐ Check (Payable to AHA) Check # ☐ ACH ☐ Credit Card Total Amount Due \$

ACH Information: Account Type: ☐ Savings ☐ Checking

Bank Routing #: _____ Bank Acct #: _____

Credit Card# _____ \$ _____

Print Name as it appears on CC _____ Name: _____

Exp Date _____ CVV _____ Signature _____

Credit Card Billing Address (include zip) _____