

REGISTRATION APPLICATION

Arabian Horse Stud Book

☐ NOT Embryo Transfer Foal



Arabian Horse Association

6030 Greenwood Plaza Blvd
Suite 100
Greenwood Village, CO 80111

ArabianHorses.org
info@arabianhorses.org
303.696.4500

Instructions:

1. To be registered, any foal born in 2002 or later must qualify as the offspring of its Sire and dam through DNA testing. If the sire or dam have not been DNA typed, please contact our office.

A DNA sample is required for this registration.

- ☐ **YES-I have included this foal's hair sample (default)**
- ☐ Email DNA kit & Hair Sample Envelope to:

2. Draw the markings of this foal on the reverse side of this application.

3. The recorded owner of the dam at time of foaling may transfer ownership of this foal by submitting an **Transfer for Eligible but Unregistered Foal** form with this application. Please enclose the \$15.00 transfer fee.

4. The recorded owner of the dam at time of breeding (the Breeder) may assign the designation of breeder by submitting an **Assignment of Breeder Designation** form with this application. Please enclose the \$15.00 transfer fee.

Date of birth to 6 months **Member \$100.00** **Non-Member \$155.00**

6 months to 12 months **Member \$115.00** **Non-Member \$170.00**

12 months to 24 months **Member \$190.00** **Non-Member \$245.00**

After 24 months (non-refundable) **Member \$350.00** **Non-Member \$405.00**

HORSE INFORMATION

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

1st Choice																				
2nd Choice																				

Foaling Date: ____/____/____
Month Day Year

SEX

☐ Mare ☐ Gelding ☐ Stallion

Gelding Date: ____/____/____
Month Day Year

Body Color: ☐ Bay ☐ Grey ☐ Chestnut ☐ Black ☐ Roan
(Check one)

SIRE: _____ **Reg #** _____ **Color** _____
(One Only)

DAM: _____ **Reg #** _____ **Color** _____
(One Only)

RECORDED OWNER OF DAM AT TIME OF FOALING

Member/Owner # _____ Telephone # _____ 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 _____ *or authorized agent* Date _____

RECORDED OWNER OF DAM AT TIME OF BREEDING

Member/Owner # _____ Telephone # _____ 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

Member/Owner # _____ Telephone # _____ Email _____

Service dates (may be provided by dam owner): _____ Year _____

By: ☐ Natural (Hand) Service ☐ Artificial Insemination ☐ Pasture Breeding ☐ Transported Semen- Must provide a Transported/Stored Semen Certificate in place of Stallion Owner signature

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

Signature _____ *or authorized agent* 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. **A copy of the Rules and Regulations may be obtained from AHA or viewed online at ArabianHorses.org**

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 #: _____

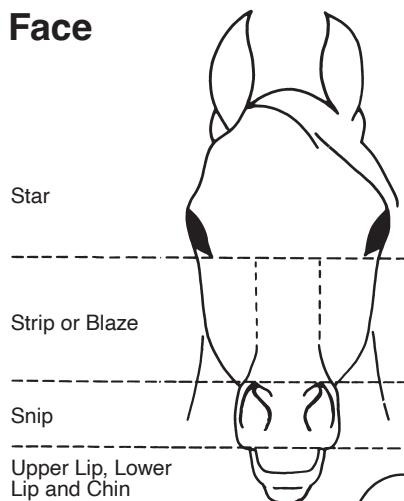
Credit Card# _____ \$ _____

Print Name as it appears on CC _____ Name: _____

Exp Date _____ CVV _____ Signature _____

Credit Card Billing Address (include zip) _____

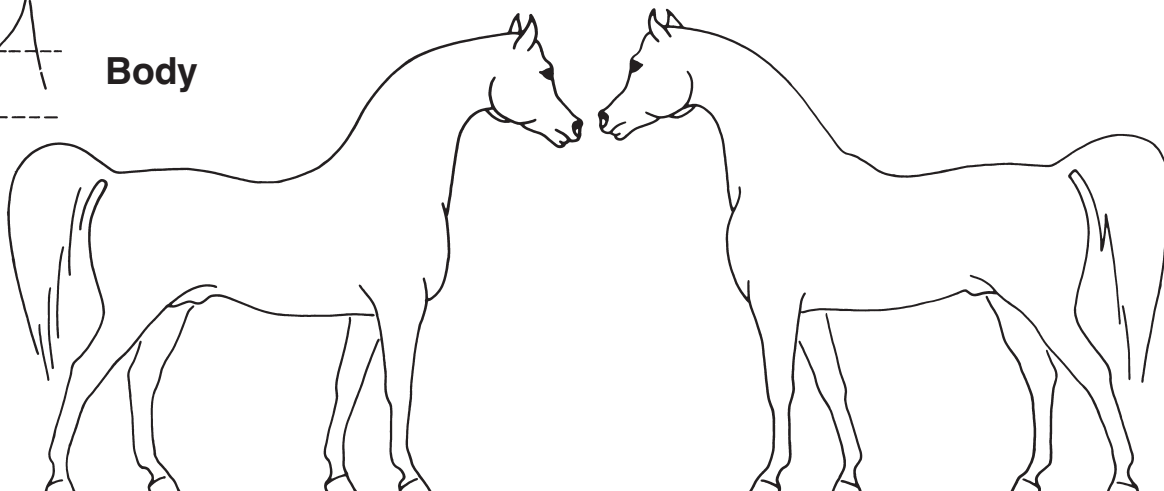
Face



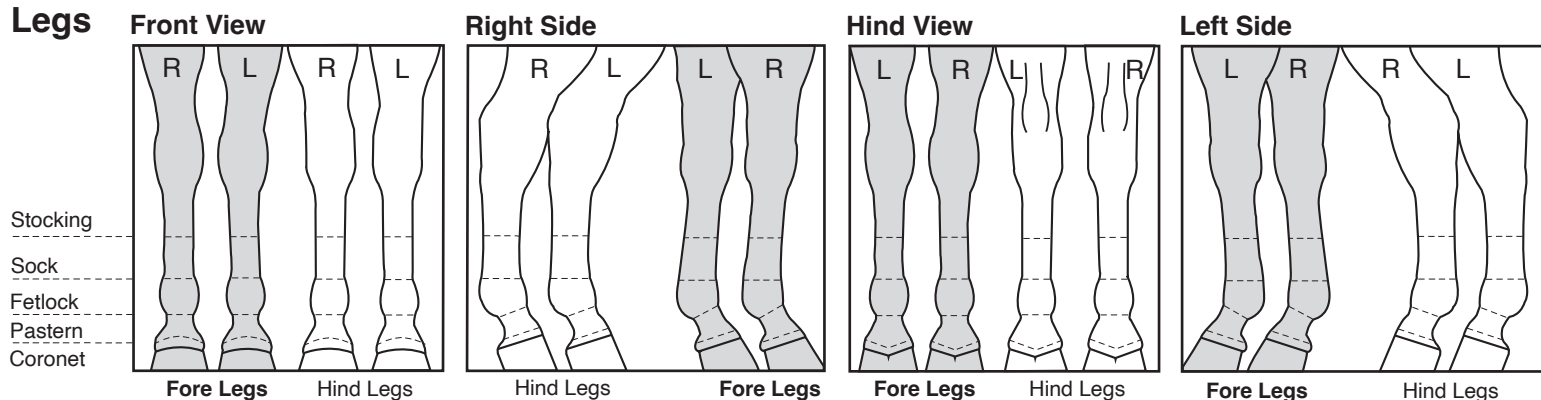
Markings Instructions

- All white markings must be drawn.
- Hoof color must be indicated.
- If the horse has no white markings check the box for "No White Markings".
- For grey horses with white markings:
 - If white marks have underlying pink skin, check "yes" in the underlying pink skin box; or
 - If white marks do not have underlying pink skin (faint markings) check "No" in the underlying pink skin box.
- For further information consult the AHA publication "Identifying The Arabian Horse", or call AHA.

Body



Legs



* Please check all appropriate boxes.

* Please exercise care in completing the pink skin boxes for grey horses or processing will be delayed.

FACE	White Markings		Underlying Pink Skin (Grey Horses Only)		LEGS	White Markings		Underlying Pink Skin (Grey Horses Only)		Hoof Color (Check one)		
	Yes	No	Yes	No		Yes	No	Yes	No	Light	Dark	Parti
Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strip or Blaze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Lip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Lip and Chin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

NO WHITE MARKINGS

☐

(Please check this box if the horse has no white markings.)

BODY Markings, Tattoo, or Brand (if any)

Has this horse been microchipped?

Yes ☐ No ☐

If yes, list numbers here:

1 (Fold Back)

Tape hair to reverse side of this section
(Roots to left, shaft to right)

2 (Fold Back)

FOAL NAME _____

SIRE NAME _____ NUMBER _____

DAM NAME _____ NUMBER _____

FOAL DATE _____

3 (Tape closed only this section)