



ARABIAN HORSE ASSOCIATION

6030 Greenwood Plaza Blvd
Suite 100
Greenwood Village, CO 80111

Phone: (303) 696-4500
Info@ArabianHorses.org
ArabianHorses.org

Certificate of Registration for Racing Application

INSTRUCTIONS:

Please read all instructions before completing the application. Please print or type.

To apply for a Certificate of Registration for Racing, the recorded owner must:

1. Carefully complete and sign the application form and send the completed form along with the correct fee to AHA
2. Send the following items with the completed application form:
 - the original Certificate of Registration of the horse; and
 - color photographs which clearly show all markings to verify the identity of the horse.

PLEASE EXERCISE CARE IN COMPLETING THE APPLICATION AND PROVIDING ALL REQUIRED INFORMATION AND MATERIALS. An incorrect certification below may result in rejection of this application or cancellation of the Certificate of Registration for Racing and, in appropriate cases, disciplinary action against the persons involved.

HORSE NAME:

REG. NO.

Has this horse been gelded? No Yes

Date Castrated:

| |

Month Day Year

Please note: Any discrepancies between the horse's color or markings and the information recorded on the certificate will be reviewed. Changes which are necessary to correct the color or markings will be made by AHA without further notification.

Please indicate the state where the horse was foaled. This will be shown as the State Foaled in AHA's records.

State Foaled:

Please indicate the person(s) with whom AHA should correspond regarding the issuance of the Certificate of Registration for Racing. The completed Certificate of Registration will be sent to this address unless AHA is instructed otherwise.

Name:

Address:

City

State

Zip

Telephone:

Email:

I certify that I am the recorded owner (or authorized agent) of this horse and, as such, have the full power and authority to execute and file this application with the Arabian Horse Association. I also certify that the information provided on this form is complete and accurate, and I agree and understand that the Certificate of Registration for Racing issued based upon this application does not guarantee eligibility to race.

Name:

Telephone:

Signature:

| |
Month Day Year

Return to: Arabian Horse Association, 6030 Greenwood Plaza Blvd, Suite 100, Greenwood Village, CO 80111

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

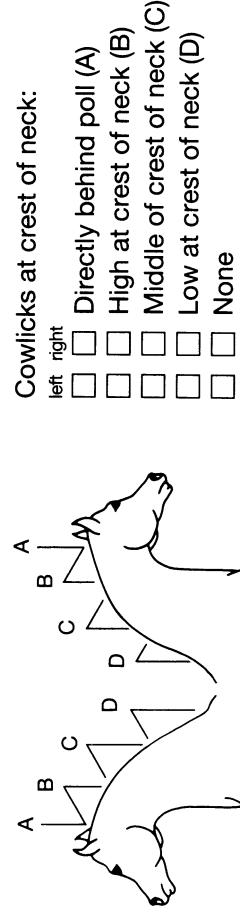
Credit Card Billing Address (include zip)

Instructions (read carefully):

1. Draw markings from the horse, not the certificate. Outline all white markings and describe in detail.
2. On grey horses, record only TRUE WHITE MARKINGS (those with underlying pink skin).
3. Mark location of all cowlicks with an "X".

NOTE: IF THERE ARE NO WHITE MARKINGS OR NO COWLICKS IN A CERTAIN AREA, CHECK "NONE" OR "NO WHITE MARKINGS".

Neck Cowlicks: Mark location of ALL cowlicks with an "X" and check corresponding box(es).



Describe other neck cowlicks:

None

HORSE HEAD	Description:
LEFT SIDE	_____
RIGHT SIDE	_____
FOREHEAD	_____
EYE LEVEL	_____
CENTER OF FACE	_____
BRIDGE OF NOSE	_____
BETWEEN NOSTRILS	_____
UPPER LIP	<input type="checkbox"/> No White Markings
LOWER LIP	_____

Description of cowlick(s):

Description:			
RIGHT FORE	FRONT	OUTSIDE	INSIDE
KNEE	_____	_____	_____
ANKLE	_____	_____	_____
PASTERN	_____	_____	_____
<input type="checkbox"/> No White Markings			
Hoof Color: Light <input type="checkbox"/> Dark <input type="checkbox"/> Parti <input type="checkbox"/>			

Description:			
RIGHT HIND	FRONT	OUTSIDE	INSIDE
HOCK	_____	_____	_____
ANKLE	_____	_____	_____
PASTERN	_____	_____	_____
<input type="checkbox"/> No White Markings			
Hoof Color: Light <input type="checkbox"/> Dark <input type="checkbox"/> Parti <input type="checkbox"/>			

Description:			
LEFT FORE	FRONT	OUTSIDE	INSIDE
KNEE	_____	_____	_____
ANKLE	_____	_____	_____
PASTERN	_____	_____	_____
<input type="checkbox"/> No White Markings			
Hoof Color: Light <input type="checkbox"/> Dark <input type="checkbox"/> Parti <input type="checkbox"/>			
Body Markings:			
<input type="checkbox"/> None			

Print Name of Identifier:

Signature of Identifier:

Date of Identification:

Year

Day

Month