

Registration Application

FOR OVERNIGHT DELIVERY TO AQHA: 1600 QUARTER HORSE DR, AMARILLO, TX 79104 • MAILING ADDRESS: P.O. BOX 200, AMARILLO, TX 79168
WWW.AQHA.COM • ☎ (806) 376-4811 • FAX: (806) 349-6405



PLEASE COMPLETE ALL 11 STEPS ON THIS APPLICATION, INCLUDING DRAWING THE MARKINGS ON THE BACK SIDE OF THE FORM.

RETURN THE COMPLETED APPLICATION TO AQHA WITH FOUR, FULL-VIEW COLOR PHOTOGRAPHS TO REGISTER YOUR OFFSPRING.

1 PLEASE CHECK IF ANY OF THE FOLLOWING APPLY

- Special handling fee for 3-4 day service is enclosed.** This \$40 fee is in addition to the normal registration fee and does not provide overnight delivery service. If the box is checked, please make note on the outside of your envelope: **RUSH REGISTRATION.**
- OVERNIGHT MAIL service of \$20 is included.** This service is available for those who have requested special handling above. This fee is only applicable for service within the United States and does not include Saturday delivery charges. *For those interested in service outside the United States and/or Saturday services, please contact our office at (806) 376-4811 for the correct fee.*
- This foal was produced through **EMBRYO TRANSFER.** If this box is checked, you must also check the parentage verification box.
Date embryo transferred _____
Number of embryos transferred _____
- FROZEN EMBRYO.** If this box is checked, you must also check the parentage verification box.
Date of implantation: _____
- This foal was conceived using **COOLED AND TRANSPORTED SEMEN.** If this box is checked, you must also check the parentage verification box.
- This foal was conceived using **FROZEN SEMEN.** If this box is checked, you must also check the parentage verification box.
- DNA TYPING** requested for breeding purposes. This will only establish a DNA record. It will NOT confirm parentage. Please include \$40 testing fee.
- PARENTAGE VERIFICATION** requested. Please include \$40 testing fee. *Sire and dam must also be DNA typed to perform parentage verification.*
- HYPP TEST** requested. Please include \$40 testing fee. Refer to rule **REG109** to see if this test is required.
- DISEASE PANEL TEST** for HYPP, GBED, MH, PSSM1, HERDA. *Include \$85 fee.*
- You **DO NOT** want AQHA to name this foal. Unless this box is checked, AQHA will select a name if your name choices are in use or not acceptable.

2 GIVE SIX NAME CHOICES NOT TO EXCEED 20 CHARACTERS AND SPACES. DO NOT USE PUNCTUATION MARKS.

①	<input type="text"/>	②	<input type="text"/>
③	<input type="text"/>	④	<input type="text"/>
⑤	<input type="text"/>	⑥	<input type="text"/>

3 COLOR [CHECK ONE]

- | | | | |
|--------------------------------|--------------------------------|---------------------------------|--------------------------------|
| <input type="radio"/> Sorrel | <input type="radio"/> Bay | <input type="radio"/> Grullo | <input type="radio"/> Cremello |
| <input type="radio"/> Chestnut | <input type="radio"/> Buckskin | <input type="radio"/> Red Roan | <input type="radio"/> Perlino |
| <input type="radio"/> Black | <input type="radio"/> Dun | <input type="radio"/> Blue Roan | <input type="radio"/> White |
| <input type="radio"/> Brown | <input type="radio"/> Red Dun | <input type="radio"/> Gray | |
| | <input type="radio"/> Palomino | <input type="radio"/> Bay Roan | |

4 GENDER [CHECK ONE]

- Stallion
- Mare
- Gelding

5 FOALING INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH	DAY	YEAR	STATE FOALED

SIRE _____
NAME REGISTRATION NO.

SIRE'S OWNER ACCORDING TO AQHA RECORDS AT TIME OF BREEDING

DAM _____
NAME REGISTRATION NO.

DAM'S OWNER ACCORDING TO AQHA RECORDS AT TIME OF BREEDING

As record owner or authorized agent of said owner of the dam at the time this horse was foaled, or at the time of breeding if by embryo transfer, I hereby certify that all information on this registration application is true and correct to the best of my knowledge, and agree that AQHA may have the privilege to correct and/or cancel the registration certificate for cause under its rules and regulations. By submitting this document to AQHA, I hereby agree to be bound by all the terms and conditions of AQHA's Official Handbook of Rules and Regulations.

NAME OF OWNER/LESSEE OF DAM WHEN FOAL WAS BORN, OR BY OWNER OF DAM AT TIME OF BREEDING IF BY EMBRYO TRANSFER.

ADDRESS _____

ADDRESS _____

CITY, STATE/PROVINCE, POSTAL CODE _____

6 SIGN HERE DO NOT PRINT

WRITTEN SIGNATURE OF OWNER/LESSEE OR AUTHORIZED AGENT OF DAM WHEN FOAL WAS BORN, OR BY OWNER OF DAM AT TIME OF BREEDING IF BY EMBRYO TRANSFER.

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DAYTIME TELEPHONE NUMBER INCLUDING AREA CODE

E-MAIL ADDRESS

BREEDER'S CERTIFICATE SECTION – Any erasure or alteration in this section will necessitate verification.

This certifies that the above sire and dam were bred on the following dates, including year: _____

7 SIGN HERE DO NOT PRINT _____
SIGNATURE OF OWNER/LESSEE OR AUTHORIZED AGENT OF STALLION AT TIME OF BREEDING.

AQHA ID

8 SIGN HERE DO NOT PRINT _____
SIGNATURE OF OWNER/LESSEE OR AUTHORIZED AGENT OF MARE AT TIME OF BREEDING.

AQHA ID

BANK OF AMERICA® QUARTER HORSE RACING CHALLENGE

- YES!** Enroll my horse in the multi-million dollar Bank of America® Racing Challenge. Appropriate fees are included. FOR FURTHER INFORMATION CONCERNING THE RACING CHALLENGE CALL (800) 831-4447
 - NOMINATION FEES:**
 - WEANLING** \$300 **TWO-YEAR-OLD** \$8,000
(THROUGH DECEMBER OF FOALING YEAR)
 - YEARLING** \$600 **THREE-YEAR-OLD** \$20,000
- By enrolling this horse, I hereby agree to abide by the rules of the Bank of America® Quarter Horse Racing Challenge and the general rules of the AQHA.

NOMINATOR (NAME OF OWNER) OF FOAL _____ AQHA ID _____ U.S. SOCIAL SECURITY OR FEDERAL TAX ID NO. _____

AQHA INCENTIVE FUND

- YES!** the sire of this foal is nominated to the AQHA Incentive Fund for the breeding season that produced it and I wish to enroll my foal. **APPROPRIATE FEES ARE INCLUDED.**
- ANY ERASURE OR ALTERATION WILL NECESSITATE VERIFICATION.**
- Contact us at (806) 376-4811 for further information concerning the AQHA Incentive Fund Program.*
- DEADLINE DATES:**
- Foaling Date to the 7 month birthdate \$125
- After 7 month birthdate to 12 month birthday \$200
- After 12 month birthdate to 18 month birthday \$1,000
- After 18 month birthdate to 24 month birthday \$2,500

NOMINATOR (NAME OF OWNER) OF FOAL _____ AQHA ID _____ U.S. SOCIAL SECURITY OR FEDERAL TAX ID NO. _____

10 MEMBERSHIP AND REGISTRATION FEES

AQHA MEMBERSHIP FEES

CHECK ONE: 12 month . . . \$40 3-year . . . \$80 Life . . . \$750
 Membership may be purchased at time of transaction to receive immediate member benefit fees.

CHECK MONEY ORDER **IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:**

AMERICAN EXPRESS MASTERCARD VISA

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CARD NUMBER

--	--	--	--	--	--	--	--	--	--

EXP. DATE (MMYY)

DAYTIME PHONE

--	--	--	--	--	--	--	--	--	--

CARDHOLDER NAME

--

CARDHOLDER SIGNATURE

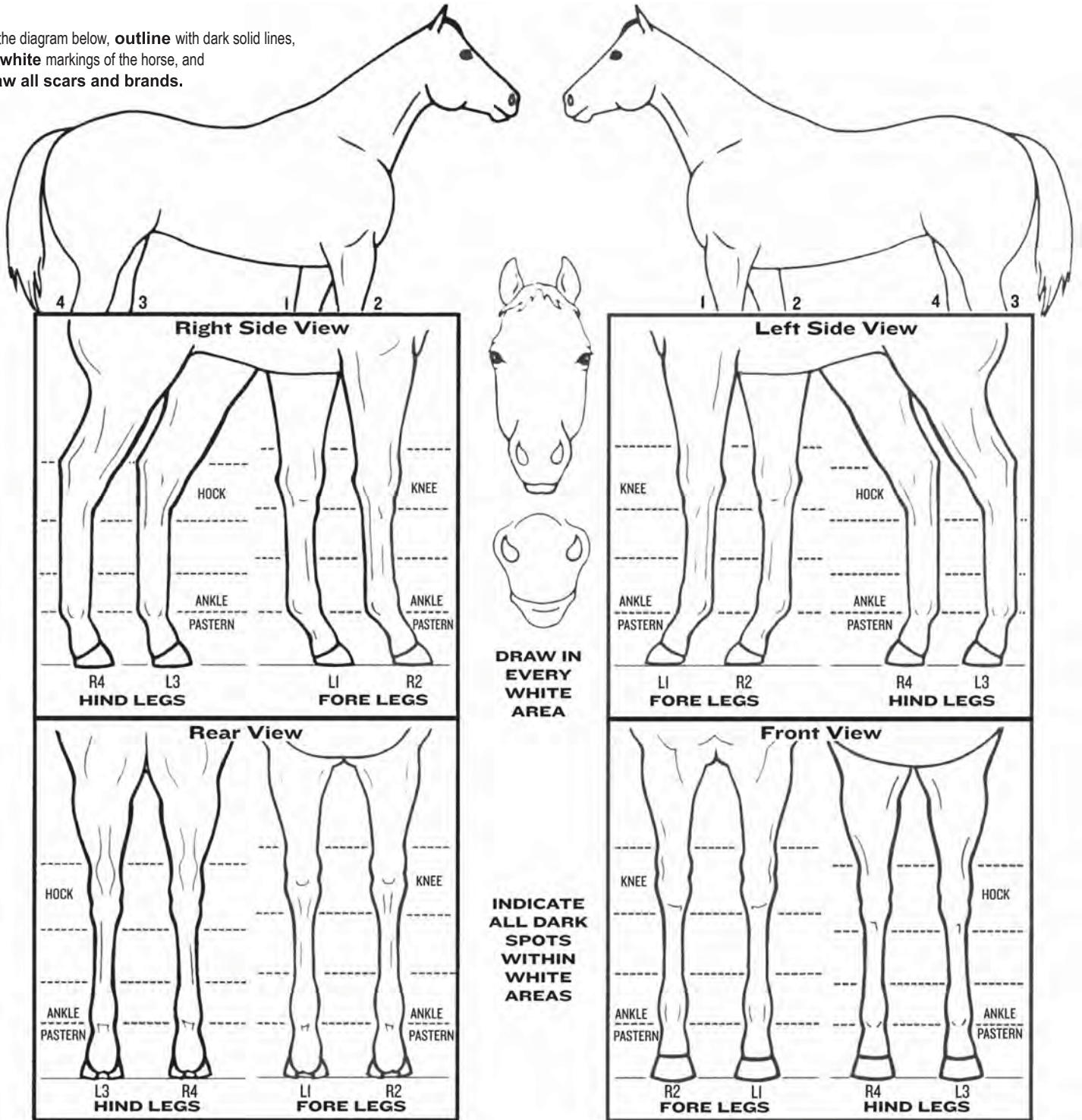
JOURNAL
 THE AMERICAN QUARTER HORSE JOURNAL

SUBSCRIBE ONLINE AT AQHAJOURNAL.COM
 SUBSCRIBING TO THE **JOURNAL** WILL KEEP YOU
 UPDATED ON THE AMERICAN QUARTER HORSE INDUSTRY.

DO NOT SEND CASH • U.S. FUNDS ONLY

Dues payments MAY BE deductible by members as an ordinary and necessary business expense; however, contributions or gifts to the American Quarter Horse Association are not deductible as charitable contributions for federal income tax purposes. However, donations to the American Quarter Horse Foundation ARE tax-deductible to the extent allowed by law. \$1 of your annual membership dues is designated for a subscription to America's Horse, AQHA's official member publication. Through the payment of a membership fee to AQHA, I acknowledge that membership in AQHA is voluntary and I agree to be bound by all the terms and conditions of AQHA's Official Handbook of Rules and Regulations.

On the diagram below, **outline** with dark solid lines, **all white** markings of the horse, and **draw all scars and brands**.



WRITTEN DESCRIPTION OF MARKINGS

11 MARKINGS [FILL IN IF APPLICABLE] HORSE HAS NO MARKINGS HORSE HAS DORSAL STRIPE

H ON HEAD

L1 LEFT FORE LEG

R2 RIGHT FORE LEG

L3 LEFT HIND LEG

R4 RIGHT HIND LEG

COLOR OF MANE & TAIL

OTHER UNUSUAL MARKINGS OR COLOR, INCLUDING WHORLS

SCARS AND BRANDS, LIST NAME OF BRAND

FILL IN IF BRAND IS A FREEZE BRAND:

REGISTRATION FEES

REGISTRATION FEES ARE BASED ON FOALING DATE AND DATE APPLICATION IS RECEIVED.
 EXAMPLE: FOALING DATE: FEBRUARY 15 7 MONTH DEADLINE: SEPTEMBER 15

	MEMBER	NON-MEMBER
FOALING DATE TO 7 MO. BIRTHDATE	\$30	\$70
AFTER 7 MO. BIRTHDATE TO 12 MO. BIRTHDATE	\$60	\$100
AFTER 12 MO. BIRTHDATE TO 24 MO. BIRTHDATE	\$150	\$190
AFTER 24 MO. BIRTHDATE TO 36 MO. BIRTHDATE	\$300	\$340
AFTER 36 MO. BIRTHDATE TO 48 MO. BIRTHDATE	\$400	\$440
AFTER 48 MO. BIRTHDATE	\$500	\$540

**Parentage Verification required prior to registration on horses over 48 months of age.

ADDITIONAL FEES FROM FRONT \$ _____

• FEES SUBJECT TO CHANGE TOTAL DUE / ENCLOSED

Say Goodbye to Renewal Notices – Have your membership automatically renewed on the credit card you've provided. Nothing will lapse if you auto-renew – plus we'll hold your annual membership renewal dues at \$35 for three years. You can cancel at any time.

If you prefer not to have your membership renew automatically, Fill in here.