

**PASO FINO HORSE ASSOCIATION, INC.
REGISTRATION APPLICATION**

SECTION 1 - COMPLETE INFORMATION ON HORSE TO BE REGISTERED

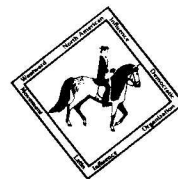
Give name choices not to exceed 25 letters, including spaces, and punctuation (NO numerals or Jr./Sr.)

1st Choice

2nd Choice

3rd Choice

Genetic Test Kit #



Date sent to Lab

Foaling Date If this foal is a twin check here SEX (CHECK ONE)

Mo. Day Yr. Mare Stallion Gelding

Mo. Day Yr.
Date Gelded

State foaled / Country foaled:

Check one that applies:

Horse Born in 50 United States Horse Imported - Date Imported Importation Papers Required
Mo. Day Yr.

Horse Maintained Outside United States Horse Imported in Utero into United States Importation Papers Required
Mo. Day Yr. Date Dam Imported

Genetic Testing: If you require a generic test kit for this horse, please check this box and enclose an additional \$55 for members/\$110 for non members.

COLOR (Check One) Albino Bay Black Brown Buckskin Chestnut Cremello Dun Gray Grulla Palomino Perlino Pinto Roan

SECTION 2 - BREEDER'S CERTIFICATE

I hereby certify that the sire Reg. No.
Print Sire's Name

was bred to the dam Reg. No.
Print Dam's Name

Natural (Hand) Service dates:

Pasture Exposure from: to:

Artificial Insemination On Premise dates inseminated:

Off Premise (Transported Semen) dates inseminated:

Embryo Transfer
If the applicant horse is a result of an embryo transfer, list date(s) of breeding in boxes at left and date of embryo transfer here.

Mo. Day Yr.

Signature of recorded owner(s) or Lessee or their Authorized Agent of sire at time of breeding. { Membership Number(s) Membership Number(s)

Signature of recorded owner(s) or Lessee or their Authorized Agent of dam at time of breeding. { Membership Number(s) Membership Number(s)

SECTION 3 - METHOD OF PAYMENT

Check One: MASTERCARD VISA AMEX CHECK Check #

Name of card holder: Membership Number(s)

Address:

Phone Number:

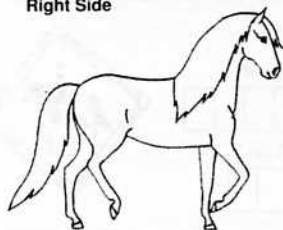
Card Number: Expiration Date:

Make Check or money order payable to: **Paso Fino Horse Association**
Mail to: 4047 Iron Works Parkway, Suite 1
Lexington, Kentucky 40511
859-825-6002 • FAX: 813-719-7872
Web site: www.pfha.org

SECTION 4 - DESCRIPTION

SUBMIT THREE OR MORE COLOR PHOTOS SHOWING ALL FACE, LEG AND BODY MARKINGS

Right Side



On these diagrams outline ALL white markings of the horse being registered.

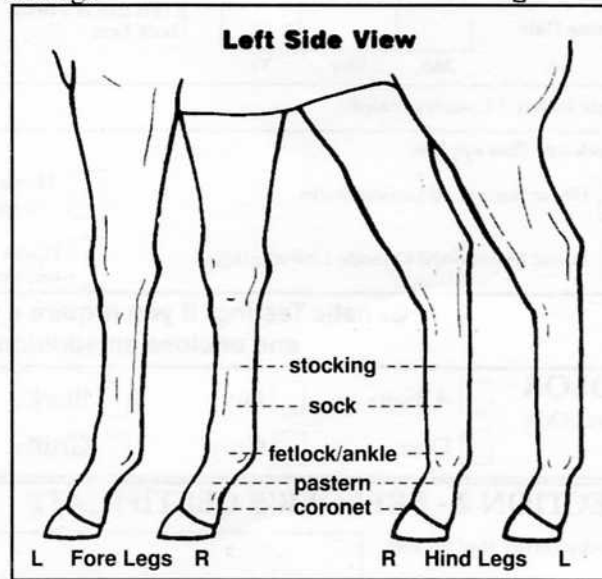
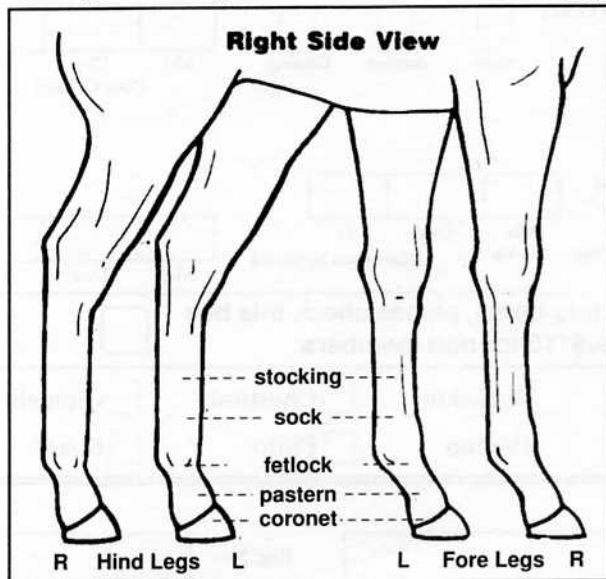
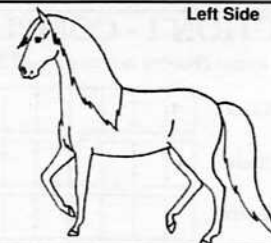


Check here if no face markings



Check here if no leg markings

Left Side



Micro Chip #: _____

Scars, Brands, Tattoos, Other (Light mane/tail alteration, ermine spots, unusual eye color, dorsal stripe, etc.): _____

SECTION 5 - ORIGINAL OWNER OF FOAL (Recorded Owner of Dam at Time of Foaling)

(Refer to the Paso Fino Horse Association rule book for additional information regarding Ownership)

With the following signature, I verify that:

1. I am aware of and agree to abide by the rules and procedures of the Paso Fino Horse Association and its Registry.
2. Acceptance and deposit of the enclosed fee DOES NOT constitute acceptance for registration.
3. I hereby certify that all information on this registration application is true and correct to my personal knowledge.

NOTE: All Recorded Owners of the dam at time of foaling must be current members for membership rates to apply.

PRINT OWNER(S) NAME HERE:

Signature of Owner(s)	<input checked="" type="checkbox"/>	Membership	<input type="text"/>
Lessee, or Authorized Agent	<input checked="" type="checkbox"/>	Numbers:	<input type="text"/>

SECTION 6 - TRANSFER AT TIME OF REGISTRATION

This section must be completed if the recorded owner of the dam at the time of foaling is different from the current owner of the foal.

I/We, the undersigned seller(s), hereby authorize the Registry to transfer the applicant horse on this registration, when registered, to the buyer(s) indicated below:

Signature(s) of Seller(s):

<input checked="" type="checkbox"/>	Membership	<input type="text"/>
<input checked="" type="checkbox"/>	Numbers:	<input type="text"/>

Print Buyer'(s) Name(s) Exactly as Membership:

<input type="text"/>	Membership	<input type="text"/>
<input type="text"/>	Numbers:	<input type="text"/>

Effective Date of Transfer is Date of Postmark

All Certificates of Registration will be mailed to the current membership address on file. If the person(s) to whom this horse is being registered to is not a current member of the Paso Fino Horse Association, print their name and address below.

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(Street Address)	City	State	Zip	Tel #