



Paso Fino Horse Association, Incorporated

4047 Iron Works Parkway, Suite 1, Lexington, KY 40511 (859) 825-6000 FAX (859) 258-2125 www.pfha.org

TRANSFER REQUEST AND AFFIDAVIT FORM

CURRENT RECORDED OWNER(S):

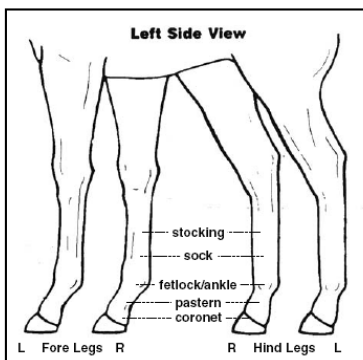
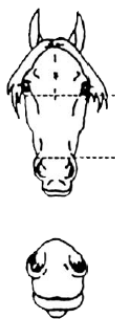
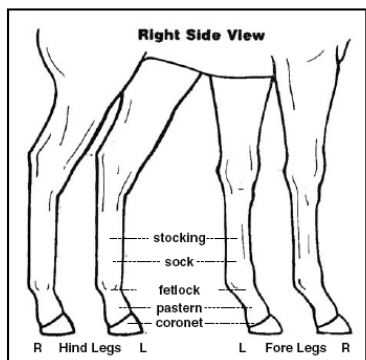
Last Name: _____ First Name: _____ Middle Initial _____ PFHA MEMBERSHIP NUMBER: _____
 Last Name: _____ First Name: _____ Middle Initial _____ PFHA MEMBERSHIP NUMBER: _____
 Address: _____
 City: _____ State: _____ Country: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Fax: _____ E-Mail Address: _____

NEW RECORDED OWNER(S) (Person(s) to whom the horse is being transferred):

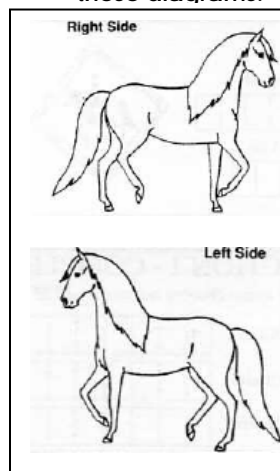
Last Name: _____ First Name: _____ Middle Initial _____ PFHA MEMBERSHIP NUMBER: _____
 Last Name: _____ First Name: _____ Middle Initial _____ PFHA MEMBERSHIP NUMBER: _____
 Address: _____
 City: _____ State: _____ Country: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Fax: _____ E-Mail Address: _____

Check here if no face markings

Check here if no leg markings



Outline all marking of the horse on these diagrams.



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

I, (we) the current recorded owner(s) do hereby attest that the information contained on this form is true and accurate to the best of my (our) knowledge, and the horse described on this form is to be transferred to the individual(s) listed as the new recorded owner(s).

(Signature of Recorded Owner)

(Signature of Recorded Owner)

Sworn before me this _____ day of _____, 20____

Notary Public in and for _____

County of _____

Signature of Notary _____

My Commission Expires: _____

METHOD OF PAYMENT: (Do Not send cash.) Check/Money Order Payable to PFHA VISA MASTERCARD AMEX

Amount Due: \$35.00 for members \$105.00 for non-members. Amount Paid \$ _____

Card Number: _____ Expiration Date: _____ Security Code: _____

Card Holder's Name: _____

Card Holder's Address: _____

Card Holder's City: _____ State: _____ Country: _____ Zip: _____

Card Holder's Home Phone: _____ Cell Phone: _____ Work Phone: _____

Card Holder's Fax: _____ E-Mail Address: _____

Card Holder's Signature: _____

INSTRUCTIONS:

- Multiple owners will be issued as an AND ownership. Ownerships will not be issued as OR or AND/OR. The new recorded owners must be members of the PFHA.
- The ORIGINAL Certificate of Registration must be submitted with this form. If the ORIGINAL Certificate has been lost, please submit a Duplicate Certification Request Form.
- The signature of the recorded owner MUST BE NOTARIZED on the space provided. Any erasures or alterations on this form will require verification.
- Please submit two (2) color photographs of the horse. Outline all markings on the horse on the diagrams.
- Mail this form and payment to:
Paso Fino Horse Association; 4047 Iron Works Parkway, Suite 1; Lexington, KY 40511