AUSTRALIAN Quarter Horse ASSOCIATION

APPLICATION FOR REGISTRATION

This form is for General Registration, Imported Horses, Imported Semen, Imported in Utero or Horses born en route.

State type of application as per list above: ……

View Rule Book Section Two regarding all rules for registration applications

I wish to have the genetic kits and registration certificate [emailed /posted]

Breeding Return #: …….. Breeders Name: …… Breeders M/ship# ……..

Breeder is registered owner of mare at time of service

IMPORTANT: Mark whorls on head and neck as X and draw carefully all white markings and brands on diagram below

Sire: …… Registration #: ……

.

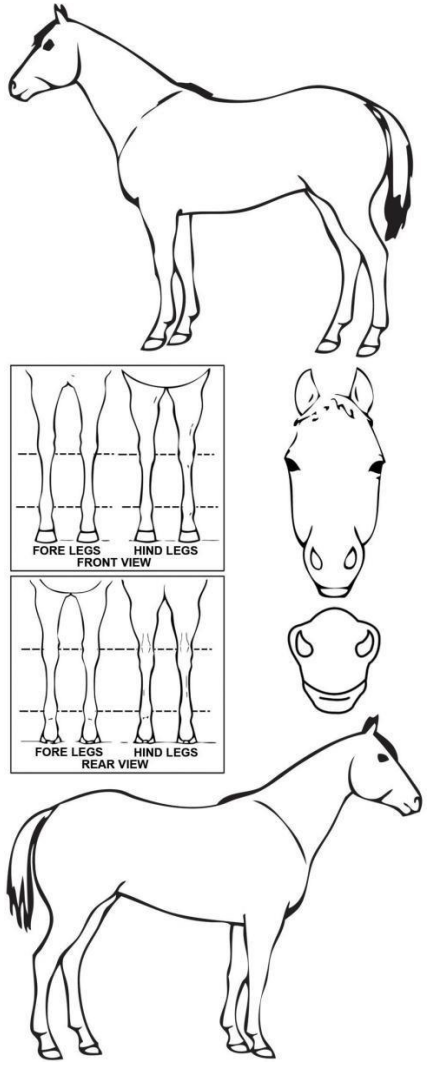
Dam: …… Registration #: ……

Service Type: ☐ Natural ☐ AI ☐ Embryo Transfer ☐ Frozen Embryo **Microchip#**: ……

DOB: ……/……/…… Sex: …… Colour: ……

.

Name of Horse: Please nominate three names in order of preference otherwise the Association will allocate a name. Use only one letter per box and allow one box for the space between words. Do not use numerals or punctuation. If you have a prefix and wish to use it, please include in the name.



Owners Name: …… Membership #: ……

Address: …… Phone #: ……

I hereby acknowledge that I have read and understood the Rules & Regulations of the Association regarding having this horse considered for registration; that this horse is not excluded under the current NOT ELIGIBLE Rule; and that the above are true and correct.

Signature: …… Date: ……

Cheque: Make payable to AQHA and post to PO Box 979, Tamworth 2340 **Direct Deposit**: Westpac BSB 032 621 Acc.#: 119369 Reference: AQHA M/Ship#

Name on Credit Card: …… Credit Card #: ……/……/……/……

Expiry Date: ……/…… Amount …… I hereby authorise the AQHA to deduct this amount plus applicable surcharge from my credit card

Signature of Card Holder: …… Date: ……

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