

Please complete every area where a blue ➡ appears (including the back of the application) to register your foal.

PLEASE CHECK (✓) IF ANY OF THE FOLLOWING APPLY

- SPECIAL HANDLING FEE is enclosed. This \$40 fee is in addition to the normal registration fee and does NOT provide overnight delivery service. If this box is checked, please make note on the outside of your envelope "Rush Registration."
- OVERNIGHT MAIL SERVICE is available for those who have requested special handling above for an additional \$15. 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 for the correct fee.
- This foal was produced through EMBRYO TRANSFER. If this box is checked, you must also check the parentage verification box. Application for an embryo foal must be received in our office within 7 months of foaling. Date embryo transferred: \_\_\_\_\_
- 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. Doing this will only establish a DNA report. It will not confirm parentage. Please include the \$30 testing fee.
- PARENTAGE VERIFICATION requested. If you check this box, please include the \$30 testing fee. Sire and Dam must also be DNA typed to perform parentage verification.
- HYPP TEST requested. If you check this box, please be sure and include the \$35 testing fee. Refer to rule 205(c) to see if this applies.
- This foal was born SOUTH OF THE EQUATOR.
- Check if you do NOT want AQHA to name this foal. AQHA will select a name if your name choices are in use or not acceptable unless this box is checked.

**NAME** (Give SIX name choices not to exceed 20 characters and spaces. Do not use punctuation marks. Also keep in mind that "sound alike" names of horses already registered cannot be used.)

1st	2nd	3rd
4th	5th	6th

**COLOR** (Check One)  ( ) SORREL  ( ) BLACK  ( ) BAY  ( ) DUN  ( ) PALOMINO  ( ) RED ROAN  ( ) GRAY  
 ( ) CHESTNUT  ( ) BROWN  ( ) BUCKSKIN  ( ) RED DUN  ( ) GRULLO  ( ) BLUE ROAN

**SEX** (Check One)  ( ) STALLION  ( ) MARE  ( ) GELDING  ( ) SPAYED MARE

**FOALING INFORMATION** \_\_\_\_\_  
 MONTH DAY YEAR CITY AND STATE FOALED

**SIRE** \_\_\_\_\_  
 Name Registration Number **SIRE'S OWNER AT TIME OF BREEDING** Name AQHA ID NUMBER

**DAM** \_\_\_\_\_  
 Name Registration Number **DAM'S OWNER AT TIME OF BREEDING** Name AQHA ID NUMBER

As record owner or lessee of the dam at the time this horse was foaled (or authorized agent of said owner/lessee), I hereby certify that all information on this registration application is true and correct to my personal knowledge, and agree that the Association has the privilege to correct and/or cancel the registration certificate for cause under its rules and regulations.

Printed Name of owner/lessee at time of foaling \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State and Zip Code \_\_\_\_\_

**AQHA ID NUMBER**  
**DAM'S OWNER AT TIME OF FOALING**

Written signature of owner / lessee (or authorized agent) of dam when foal was born (DO NOT PRINT) \_\_\_\_\_  
 Daytime Telephone Number (including area code) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**BREEDER'S CERTIFICATE SECTION**

*Any erasure or alteration in this section will necessitate verification.*

This is to certify that the stallion and mare listed as sire and dam above were bred on \_\_\_\_\_  
 DATES OF SERVICE (list entire date, including year)

**SIGN HERE** \_\_\_\_\_  
 SIGNATURE OF OWNER OR LESSEE (OR AUTHORIZED AGENT) OF STALLION AT TIME OF BREEDING AQHA ID NUMBER

**SIGN HERE** \_\_\_\_\_  
 SIGNATURE OF OWNER OR LESSEE (OR AUTHORIZED AGENT) OF MARE AT TIME OF BREEDING AQHA ID NUMBER

**OVERNIGHT DELIVERY**  
 1600 Quarter Horse Drive  
 Amarillo, Texas 79104  
 Revised 1/2002

www.aqha.com  
 (806) 376-4811

**REGULAR DELIVERY**  
 P.O. Box 200  
 Amarillo, Texas 79168



If you wish to participate in this program, please complete this form and include the appropriate fee. For further information concerning the MBNA Racing Challenge call 800-831-4447.

Nomination Fees: Weanling (through December of foaling year) . . . . .  \$200  
 Yearling . . . . .  \$500  
 Two-year-old . . . . .  \$7,500  
 Three-year-old . . . . .  \$20,000

Name of owner (NOMINATOR) of foal \_\_\_\_\_ AQHA ID # \_\_\_\_\_ U.S. Social Security or Federal Tax ID Number \_\_\_\_\_



*Any erasure or alteration will necessitate verification.* The sire of this foal must be nominated for the breeding season that produced it for it to be eligible for enrollment in the program. If you wish to enroll your foal, please complete this form and include the appropriate fee. For further information you can contact us at 806-376-4811.

**DEADLINE** **FEES**  
 Foaling date to the 7 month birthdate . . . . . \$100  
 After 7 month to 12 month birthdate . . . . . \$200  
 After 12 month to 18 month birthdate . . . . . \$2,000  
 After 18 month to 24 month birthdate . . . . . \$5,000  
 NOT eligible after twenty-fourth month of age.

Name of owner (NOMINATOR) of foal \_\_\_\_\_ AQHA ID # \_\_\_\_\_ U.S. Social Security or Federal Tax ID Number \_\_\_\_\_

**REGISTRATION FEES**

Example: Foaling date February 15 - 7 month deadline: September 15.  
 Registration fees are based on foaling date and date application is received.

	Member	Nonmember*
Foaling date to 7 month birthdate	\$ 20 <input type="checkbox"/>	\$ 50 <input type="checkbox"/>
After 7 month birthdate to 12 month birthdate	\$ 40 <input type="checkbox"/>	\$ 70 <input type="checkbox"/>
After 12 month birthdate to 24 month birthdate	\$ 80 <input type="checkbox"/>	\$ 110 <input type="checkbox"/>
After 24 month birthdate to 36 month birthdate	\$ 250 <input type="checkbox"/>	\$ 280 <input type="checkbox"/>
After 36 month birthdate to 48 month birthdate	\$ 500 <input type="checkbox"/>	\$ 530 <input type="checkbox"/>
After 48th month birthdate **	\$1000 <input type="checkbox"/>	\$1030 <input type="checkbox"/>

\*\*Parentage Verification required prior to registration on horses over 48 months of age.  
**Optional - Special Handling Fee** for each registration - 3-4 day service (in addition to regular fee and does not include overnight delivery) .....\$ 40  
**Optional - Overnight services (see note on front)** .....\$ 15  
**Genetic Testing Fee** .....\$ 30  
 Special handling for the genetic testing kit in addition to regular fee. This does not mean the laboratory will rush their service, only that you will get the kit from us quicker .....\$ 10  
 U.S. Funds Only • Fees Subject to Change **Total Due/Enclosed** \$   
**DO NOT SEND CASH**

Markings on sides of head and chin must be drawn on diagram. On diagrams below, **OUTLINE** with dark solid lines ALL white markings of horse being registered and **DRAW ALL SCARS AND BRANDS** so that markings can be traced onto Registration Certificate. **CLEAR PHOTOGRAPHS OF HORSE'S MARKINGS MAY SPEED PROCESSING.**

**MEMBERSHIP FEES**

**Member** \*Membership may be purchased at time of transaction to allow benefit of Member fees.  
 Life..... \$ 300  
 12-Month..... \$ 30  
 36-Month..... \$ 65

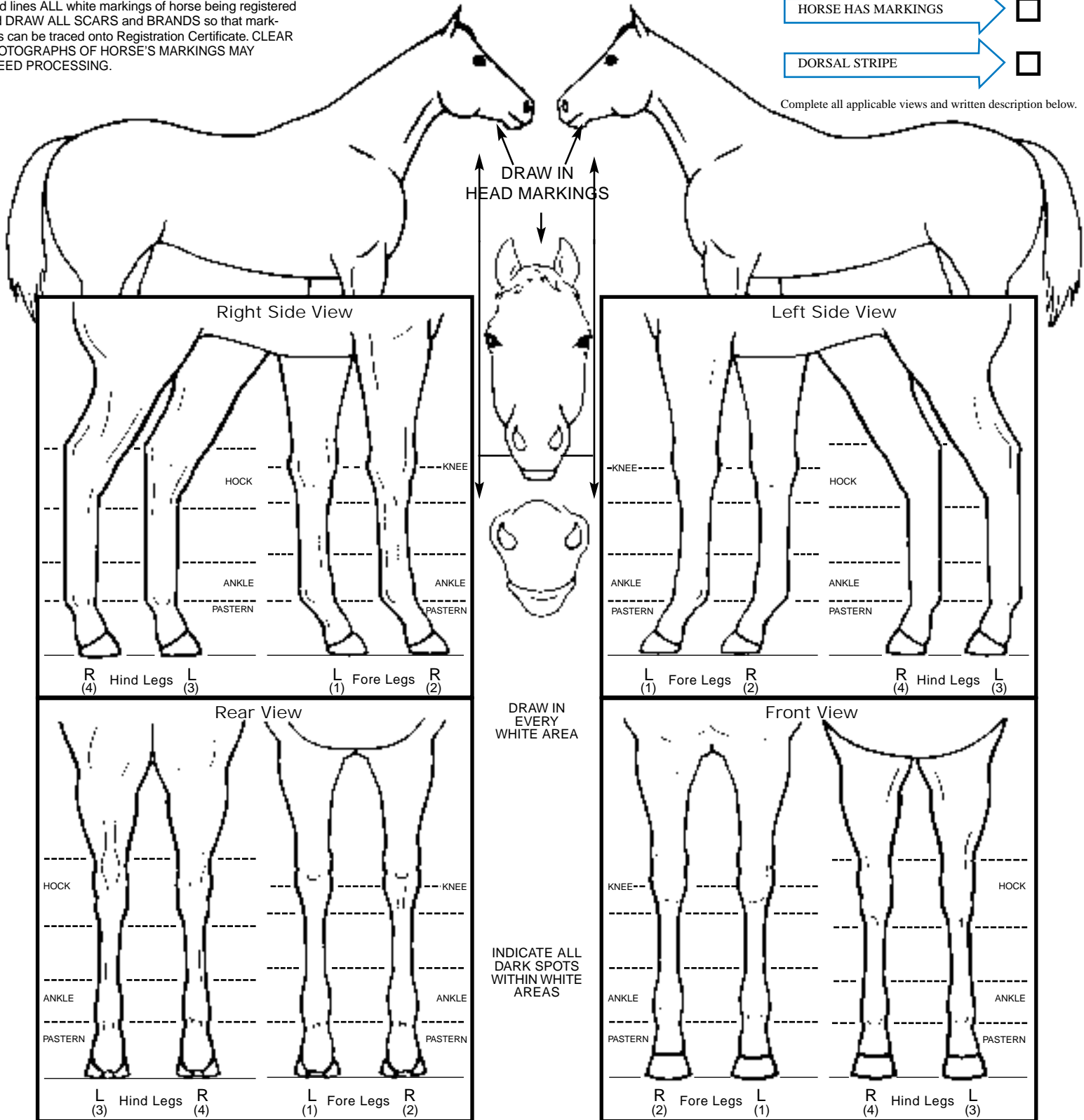
If paying by Visa or MasterCard, please provide the following:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cardholder's Name \_\_\_\_\_  
 Daytime Telephone Number \_\_\_\_\_  
 Cardholder's Signature \_\_\_\_\_

Dues payments MAY BE deductible by Members as an ordinary and necessary business expense; however, payments to 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.

- HORSE HAS NO MARKINGS
- HORSE HAS MARKINGS
- DORSAL STRIPE

Complete all applicable views and written description below.



**WRITTEN DESCRIPTION OF MARKINGS:**

HEAD:  COLOR OF EYES:

LEFT FORE LEG

RIGHT FORE LEG

LEFT HIND LEG

RIGHT HIND LEG

OTHER OR UNUSUAL MARKINGS OR COLOR

COLOR OF MANE AND TAIL

SCARS AND BRANDS  If branded, check if freeze brand