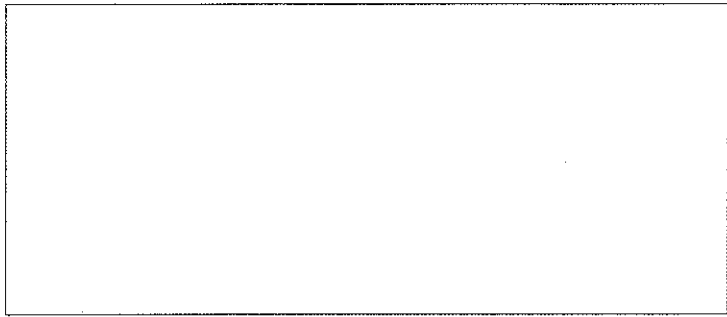


Registration Application

OVERNIGHT DELIVERY: 1600 QUARTER HORSE DR. AMARILLO, TX 79104
REGULAR DELIVERY: P.O. BOX 200, AMARILLO, TX 79188

WWW.AQHA.COM
(806) 376-4811



- Please do not use this form for any horse other than the one listed. **DOING SO WILL DELAY THIS REGISTRATION.**
- There are 11 steps plus photos and/or markings. To register your foal, please complete all steps, 1 through 11 (including the back of the application).
- Include photos and/or markings with registration papers and send to AQHA.

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.**
- FedEx OVERNIGHT MAIL SERVICE of \$15 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 205(c) to see if this test is required.
- This foal was born SOUTH OF THE EQUATOR.
- 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 2
3 4
5 6

3 COLOR [CHECK ONE] (SEE RULE 228)

- Sorrel
- Chestnut
- Black
- Brown
- Bay
- Buckskin
- Dun
- Red Dun
- Palomino
- Grullo
- Red Roan
- Blue Roan
- Gray
- Bay Roan
- Cremello
- Perlino
- White

4 GENDER [CHECK ONE]

- Stallion
- Mare
- Gelding

5 FOALING INFORMATION

MONTH DAY YEAR CITY & STATE FOALED

SIRE NAME REGISTRATION NO.

THIS SIRE IS REGISTERED TO AN EMBRYO TRANSFER AT TIME OF BREEDING

DAM NAME REGISTRATION NO.

DAM IS OWNER ACCORDING TO AQHA RECORDS AT TIME OF BREEDING

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

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.

ADDRESS

ADDRESS

AQHA ID NO.

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.
() DAYTIME TELEPHONE NUMBER, INCLUDING AREA CODE
E-MAIL ADDRESS

BREEDER'S CERTIFICATE SECTION - Any transfer or alteration in this section will necessitate verification.

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

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 (THROUGH DECEMBER OF FOALING YEAR) ... \$300
- YEARLING \$ 600
- TWO-YEAR-OLD \$ 8,000
- 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.

9 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 \$100
- After 7 month birthdate to 12 month birthdate \$200
- After 12 month birthdate to 18 month birthdate \$1,000
- After 18 month birthdate to 24 month birthdate \$2,500

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

FEES SUBJECT TO CHANGE

MEMBERSHIP AND REGISTRATION FEES

ADHA MEMBERSHIP FEES

CHECK ONE:
 12 month \$40
 3-year \$90
 Life \$500

Membership may be purchased at time of transaction to receive immediate member benefit fees.

IF PAYING BY VISA, MASTERCARD OR AMERICAN EXPRESS, PLEASE PROVIDE THE FOLLOWING:

EXP. DATE: _____ DAYTIME PHONE: (____) _____

CARDHOLDER NAME (PRINT): _____

CARDHOLDER SIGNATURE: _____

Dues payment 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. Through the payment of a membership fee to ADHA, I acknowledge that membership in ADHA is voluntary and I agree to be bound by all the terms and conditions of ADHA's Official Handbook of Rules and Regulations.

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	\$25 <input type="checkbox"/>	\$65 <input type="checkbox"/>
AFTER 7 MO. BIRTHDATE TO 12 MO. BIRTHDATE	\$50 <input type="checkbox"/>	\$90 <input type="checkbox"/>
AFTER 12 MO. BIRTHDATE TO 24 MO. BIRTHDATE	\$125 <input type="checkbox"/>	\$165 <input type="checkbox"/>
AFTER 24 MO. BIRTHDATE TO 36 MO. BIRTHDATE	\$300 <input type="checkbox"/>	\$340 <input type="checkbox"/>
AFTER 36 MO. BIRTHDATE TO 48 MO. BIRTHDATE	\$550 <input type="checkbox"/>	\$590 <input type="checkbox"/>
AFTER 48 MO. BIRTHDATE	\$1,000** <input type="checkbox"/>	\$1,040** <input type="checkbox"/>

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

OPTIONAL - SPECIAL HANDLING FEE PER REGISTRATION - 3-4 DAY SERVICE (IN ADDITION TO REGULAR FEE. DOES NOT INCLUDE OVERNIGHT DELIVERY) \$40

OPTIONAL - OVERNIGHT MAIL FEE (SPECIAL HANDLING FEE MUST ALSO BE SELECTED) \$15

OPTIONAL - GENETIC TESTING FEE \$40

U.S. FUNDS ONLY • FEES SUBJECT TO CHANGE • DO NOT SEND CASH •

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, check here.

DRAW IN MARKINGS

RIGHT SIDE VIEW
 HOCK KNEE
 ANKLE ANKLE
 PASTER PASTER
 R4 HIND LEGS L3 L1 FORE LEGS R2

LEFT SIDE VIEW
 KNEE HOCK
 ANKLE ANKLE
 PASTER PASTER
 L1 FORE LEGS R2 R4 HIND LEGS L3

REAR VIEW
 HOCK KNEE
 ANKLE ANKLE
 PASTER PASTER
 L3 HIND LEGS R4 L1 FORE LEGS R2

FRONT VIEW
 KNEE HOCK
 ANKLE ANKLE
 PASTER PASTER
 R2 FORE LEGS L1 R4 HIND LEGS L3

DRAW IN EVERY WHITE AREA

INDICATE ALL DARK SPOTS WITHIN WHITE AREAS

WRITTEN DESCRIPTION OF MARKINGS (SEE RULE 229)

MARKINGS CHECK APPLICABLE HORSE HAS NO MARKINGS HORSE HAS DORSAL STRIPE

HORSE COLOR _____

EYE COLOR _____

H ON HEAD _____

L1 LEFT FORE LEG _____

R2 RIGHT FORE LEG _____

L3 LEFT HIND LEG _____

R4 RIGHT HIND LEG _____

OTHER UNUSUAL MARKINGS OR COLOR, INCLUDING WHORLS _____

COLOR OF MANE AND TAIL _____

SCARS AND BRANDS. LIST NAME OF BRAND _____

CHECK IF BRAND IS A FREEZE BRAND: