

Ranching Heritage Breeder Application

For OVERNIGHT Delivery to AQHA: 1600 Quarter Horse Dr, Amarillo, TX 79104 • MAILING ADDRESS: P.O. BOX 200, AMARILLO, TX 79168
WWW.AQHA.COM • 806-376-4811 • FAX: 806-378-4675

AQHA Ranching Heritage Breeders should embody the longevity, integrity and honesty of the ranching tradition. Ranching Heritage Breeders are those that breed and raise the ranch-type horse, which remains at the core of the American Quarter Horse Association and epitomizes the breed's versatility.



GUIDELINES FOR APPLICATION

APPLICANT MUST BE A CURRENT AQHA MEMBER.

RANCH REMUDA MUST CONSIST OF REGISTERED AMERICAN QUARTER HORSES.

Ranch must

- Must breed and register at least five foals annually
- Maintain a remuda for the specific purpose of operating a working cattle ranch
- Have received, at minimum, an AQHA 10-year Breeder award
- Apply to and be approved by the AQHA Ranching Committee and Executive Committee
- Have at least three reference letters including a current Ranching Heritage Breeder
- Subject to review – **Applications that are incomplete or missing information will not be considered for review**
- Pay a **\$25 ANNUAL FEE** to maintain status as a Ranching Heritage Breeder

RANCH NAME	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
OWNER (S)									
ADDRESS									
MAILING ADDRESS	CITY/STATE/PROVINCE/ZIP								
WEB SITE	EMAIL								
DAYTIME PHONE	MOBILE PHONE	FAX							

DESCRIPTION AND HISTORY OF RANCH

1. SIZE AND LOCATION OF RANCH: _____
2. WHAT IS PRIMARY USE OF RANCH: _____
3. DO YOU OWN MORE THAN ONE RANCH?: YES NO
4. IF MORE THAN ONE RANCH IS OWNED, PLEASE LIST SIZE AND LOCATION OF SECOND RANCH: _____

5. WHAT IS PRIMARY USE OF SECOND RANCH? _____
6. FAMILY MEMBERS CURRENTLY LIVING ON RANCH – NAME AND AQHA MEMBERSHIP NUMBER: THESE INDIVIDUALS WILL BE LISTED AS RANCHING HERITAGE ASSOCIATES AND WILL BE LINKED TO YOUR RHB MEMBERSHIP. ONCE LINKED TO YOUR RHB MEMBERSHIP, THEY WILL BE INELIGIBLE TO APPLY FOR THEIR OWN INDIVIDUAL RHB MEMBERSHIP.

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7. NUMBER OF YEARS RANCH HAS BEEN IN FAMILY: _____

8. PRIMARY RANCH OWNER(S) OF PAST GENERATIONS: _____

HORSES ON RANCH

1. NUMBER OF HORSES CURRENTLY ON RANCH:

A. MARES _____ B. STALLIONS _____ C. GELDINGS _____

2. BREED: _____

3. NUMBER CURRENTLY USED IN ACTIVE RANCH WORK: _____

4. APPROXIMATE NUMBER OF DAYS PER YEAR WORKING HORSES ARE RIDDEN FOR RANCH USE ON THE RANCH: _____

5. NUMBER CURRENTLY USED IN BREEDING: _____

6. TOTAL NUMBER OF HORSES BRED BY RANCH OVER THE YEARS: _____

7. AWARDS, RECOGNITION WON BY RANCH-BRED HORSES: _____

8. METHOD OF BREEDING: _____

CATTLE

1. NUMBER OF CATTLE CURRENTLY ON RANCH:

A. COW/CALF _____ B. STOCKER _____

2. BREED: _____

3. PRIMARY BLOODLINES: _____

4. NUMBER OF CATTLE BRED CURRENT YEAR: _____

5. AWARDS, RECOGNITION OF CATTLE: _____

6. METHODS OF SELLING: _____

OTHER LIVESTOCK ON RANCH

DESCRIBE: _____

TYPE OF GRAZING/CROPS

DESCRIBE ANY GRASSES OR CROPS GROWN ON RANCH FOR FEEDING AND SUPPORT OF LIVESTOCK: _____

CIVIC INVOLVEMENT

DESCRIBE INVOLVEMENT SUCH AS SUPPORT GIVEN TO 4-H, FFA, YOUTH RODEO, OR LOCAL/STATE/NATIONAL ORGANIZATIONS: _____

OTHER AWARDS: _____

LIST ALL MEMBERSHIPS HELD IN OTHER LIVESTOCK ORGANIZATIONS BY RANCH OWNERS AND OFFICE HELD:

1. _____

2. _____

REFERENCES (3) LETTER OF RECOMMENDATION REQUIRED FROM EACH REFERENCE

1. RHB MEMBER _____ CITY _____ STATE _____
PHONE _____ EMAIL _____
2. _____ CITY _____ STATE _____
PHONE _____ EMAIL _____
3. _____ CITY _____ STATE _____
PHONE _____ EMAIL _____

<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER	IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:
AMERICAN EXPRESS <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
CARD NUMBER		
<input type="text"/>	<input type="text"/>	
EXP. DATE (MMYY)	DAYTIME PHONE	
<input type="text"/>		
CARDHOLDER NAME		
<input type="text"/>		<input type="text"/>
CARDHOLDER SIGNATURE		BILLING ZIP CODE
DO NOT SEND CASH • U.S. FUNDS ONLY		