



AMERICAN SADDLEBRED HORSE ASSOCIATION



THE HALF SADDLEBRED REGISTRY OF AMERICA

4093 Iron Works Parkway • Lexington, KY 40511 • 859.259.2742 • Fax: 859.259.1628

PLEASE NOTE: One Parent, Sire or Dam **MUST** be registered with the American Saddlebred Horse Association.
Four color photographs must be submitted with application.
If other parent is registered, please enclose copy of papers.

APPLICATION FOR REGISTRATION

1. Name (Maximum of 35 characters including space and punctuation)

1st choice
2nd choice
3rd choice

2. Date Foaled ____/____/____ 3. Color _____ 4. Sex Mare Stallion Gelding 5. Date Altered _____
(Month/Day/Year) (Circle One) (Gelding or Spayed Mare)

6. Sire of foal: _____ Registration #: _____

7. Dam of foal: _____ Registration #: _____

I hereby certify that the above pedigree and particulars are correct to the best of my knowledge and belief.

Signature of person preparing application: _____ Date: _____

The Half Saddlebred Registry will record ownership of a foal EXACTLY as the dam is registered at the time of foaling unless unregistered transfer report is completed.

Owner of foal (print or type): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail Address: _____

BREEDER'S CERTIFICATE

I hereby certify that the stallion _____ Registration # _____
was bred to mare named _____ Registration # _____

Owner of Mare _____

BY: _____ **During the year**

Natural (Hand) Service Dates:
Pasture Exposure From: _____ To: _____
Artificial Insemination Dates:
Transported Semen Dates:

Stallion Service Report on File? Yes _____ No _____

Signature of recorded owner/lessee/agent of stallion at time of breeding _____

If signed by lessee or agent, authority for such signature must be recorded with ASHA or the Half Saddlebred Registry by owner of record.

Date Issued _____

Important – Complete other side of this application.

TRANSFER REPORT (for unregistered foals only)

NOTE: This report must be completed if the recorded owner of the dam at the time of foaling is different from the current owner of the foal.

Buyer's Name: _____

Address: _____ State: _____ Zip: _____

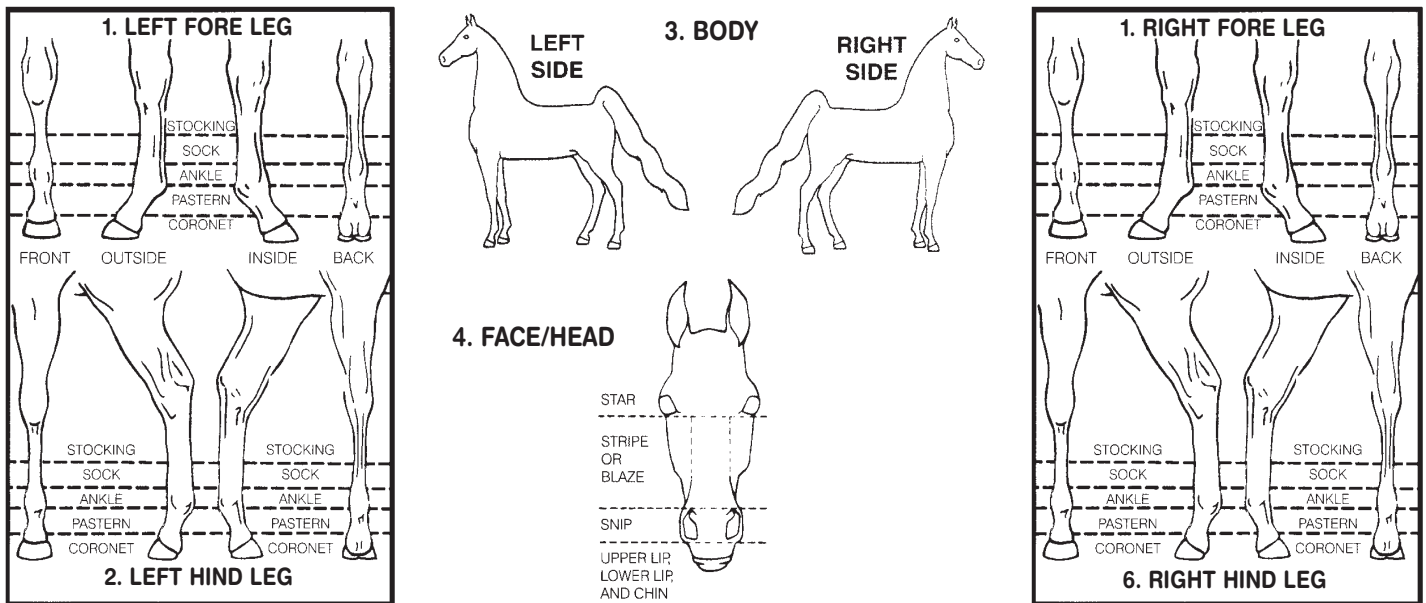
Date of Sale: _____ Phone: _____

I/we hereby authorize the transfer of same on the books of the Half Saddlebred Registry of America.

Signature(s) of recorded owner(s) of dam at time of foaling: _____

MARKINGS

ALL WHITE MARKINGS SHOULD BE INDICATED. TAKE CARE THAT DIAGRAMS ARE ACCURATE. FOUR CURRENT PHOTOGRAPHS SHOWING BOTH SIDES, FRONT AND REAR MUST ACCOMPANY THIS APPLICATION.



WRITTEN DESCRIPTION OF MARKINGS: (CHECK "NONE" IF APPLICABLE)

1. LEFT FORE LEG:	NONE
2. LEFT HIND LEG:	NONE
3. BODY:	NONE
4. FACE/HEAD	NONE
5. RIGHT FORE LEG:	NONE
6. RIGHT HIND LEG:	NONE

FEES

APPLICATION WILL BE RETURNED IF NOT ACCOMPANIED BY FEES DUE.

Check enclosed for the amount of \$ _____

MasterCard Visa (circle one)

Card # _____

Exp. Date: _____

Signature: _____

FEES: Birth up to 6 months \$ 35.00
 6 months up to 12 months \$ 50.00
 Over 12 months of age \$150.00
 Horse registered with another breed registry (i.e., NSH, IAHA) . . \$ 35.00

Note: Membership with ASHA is a recommendation for Half Saddlebred transactions.

*Senior membership is \$60.00. *(18 & over)