



Effective May 2022

# APPLICATION FOR REGISTRATION OF AMERICAN SADDLEBRED

Note: All parties agree to be bound and to abide by the Rules and Regulations of the Registry of the American Saddlebred Horse and Breeders Association (ASHBA)

NAME OF PREPARER (please print): \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE OF PREPARER: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

1. SIRE OF FOAL: \_\_\_\_\_ REGISTRATION# \_\_\_\_\_

2. DAM OF FOAL: \_\_\_\_\_ REGISTRATION# \_\_\_\_\_

3. REQUESTED NAME OF FOAL/HORSE (Maximum of 35 characters including spaces and punctuation)

Use blue or black ink. Please print legibly. See Registry of the ASHBA Rule Section III. H. regarding names.

If names are not provided, you are responsible for submitting a name claim form and fees. Effective 1/1/2017.

FIRST CHOICE:

SECOND CHOICE:

THIRD CHOICE:

4. SEX OF FOAL: ☐ Stallion ☐ Mare Gelding: date altered \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)5. COLOR OF FOAL: ☐ Chestnut ☐ Bay ☐ Black ☐ Other (specify) \_\_\_\_\_☐ Pinto (color): \_\_\_\_\_6. FOALING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year7. ASSISTED REPRODUCTION: ☐ Embryo Transplant\* ☐ Frozen Semen (date mare was bred): \_\_\_\_\_\*If Embryo Transplant is checked, the section titled Embryo Transplant Certification **ON PAGE 4 MUST BE COMPLETED AND A \$50 FEE IS REQUIRED.**8. LOCATION OF MARE AT THE TIME OF FOALING: ☐ (Abbreviation of State) Country \_\_\_\_\_

9. ALL FOALS MUST be qualified by DNA testing as the offspring of the sire and dam.

☐ DNA kit was pre-ordered

If kit was not pre-ordered, please indicate where kit should be sent:

☐ Email kit to: \_\_\_\_\_, OR☐ Mail kit to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

10. RECORDED OWNER OF FOAL MUST BE A CURRENT COMPETING MEMBER OF ASHBA OR PAY A \$50 NON-MEMBER TRANSACTION FEE (SEE FEE SCHEDULE AT RIGHT)

11. IS THIS FOAL SHOWING THIS YEAR?: ☐ Yes ☐ No Date of Show/Futurity: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year) For applications for registration received less than two weeks prior to the date registration is required, an optional \$100 rush fee may be charged for priority review.

NAME OF SHOW / FUTURITY: \_\_\_\_\_

The Registry may issue a conditional registration with number to the owner of an unregistered foal as identified on a properly completed registration application in the following circumstance: a. When required parentage verification procedures to issue a permanent registration certificate are incomplete, and b. The application with the correct fee has been submitted to the Registry and all other requirements for registration are met. Conditional registrations of unregistered foals are valid for six months. The Registry will not record any further transactions concerning this horse as long as the registration is conditional.

Return completed form by email to [registry@saddlebred.com](mailto:registry@saddlebred.com), fax to 859-259-1628 or mail to:ASHBA  
4083 Wing Commander Way, Suite 50  
Lexington, KY 40511

DNA (As of January 1, 2003, all foal parentage is determined through DNA. DNA is mandatory for all sires and dams without DNA on file.)

SIRE DNA conversion.....\$50  
(blood typed 1992 or after)DAM DNA conversion.....\$50  
(blood typed 1992 or after)

Microchip # \_\_\_\_\_

Microchip Registry: \_\_\_\_\_

Phone #: \_\_\_\_\_

REGISTRATION FEES Fees are based on date of receipt of application AND fees.

Birth up to 6 months.....\$45 ☐6 months up to 12 months.....\$65 ☐12 months up to 24 months.....\$200 ☐24 months and over.....\$300 ☐Rush fee (optional).....\$100 ☐DNA hair kit (foal required).....\$50 ☐Foreign DNA (if applicable).....\$25 ☐Breeder Designation Fee (if applicable).....\$50 ☐Unregistered Foal Transfer (if applicable).....\$65 ☐Embryo Transplant Certificate.....\$50 ☐Return by Certified Mail (US only).....\$10 ☐

Total Registry Fees Due.....\$ \_\_\_\_\_

MEMBERSHIP FEE (Recorded owner must be an ASHBA competing member or pay a \$50 non-member transaction fee. Membership year Dec. 1 - Nov. 30)

Please Print Name of Membership Applicant:

Name: \_\_\_\_\_

Senior - Competing.....\$70 ☐Non-Member Transaction Fee.....\$50 ☐

Breed Promotion Contribution.....\$ \_\_\_\_\_

(all contributions to ASHBA are tax deductible to the fullest extent of the law)

\* 3% Processing fee will be added to all ASHBA credit/debit card transactions.

Total Fees Due.....\$ \_\_\_\_\_

☐ Check Enclosed ☐ Credit/Debit Card

Card #: \_\_\_\_\_

Exp.Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/year)

Cardholder's Name: \_\_\_\_\_

QUESTIONS?: (859) 259-2742 . FAX (859) 259-1628 . [registry@saddlebred.com](mailto:registry@saddlebred.com) . [www.saddlebred.com](http://www.saddlebred.com)



# APPLICATION FOR REGISTRATION

PRINT YEAR FOAL BORN AND NAME OF DAM \_\_\_\_\_

Certificate will be mailed unless registry hold certificate is checked: ☐ Registry Hold Certificate (Certificate will be retained in the records of the Registry and matched with a future transaction)

## PLEASE COMPLETE ONLY SECTION 12 OR 13

**12. OWNER OF FOAL:** To be completed ONLY if the owner of the foal is EXACTLY the same as the owner of the dam at the time of foaling. Otherwise, please complete Section 13.

OWNER OF FOAL: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### SIGNATURES OF OWNER(S) OR AUTHORIZED AGENT

THE FORGERY OR SIGNING ON BEHALF OF ANY PERSON WITHOUT PROPER AUTHORITY IS A VIOLATION OF THE REGISTRY OF THE ASHBA RULES AND REGULATIONS.

X \_\_\_\_\_

X \_\_\_\_\_

----- OR -----

### 13. UNREGISTERED FOAL TRANSFER REPORT

This report must be completed if the owner of the foal is different from the recorded owner of the dam at the time of foaling. Transfer fees will not apply if report is filed with the Registry of the ASHBA within 12 months of the foal's birth, otherwise a \$65 transfer fee will apply.

If the Buyer's information lists the name of more than one person please select type of joint ownership: ☐ AND (requires all signatures for subsequent transfer)  
☐ OR (requires one signature for subsequent transfers)

NEW OWNER OF FOAL: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OWNERSHIP CHANGED (REQUIRED): \_\_\_\_\_ (Foaling date may be used if applicable)  
(month/day/year)

**SIGNATURES OF RECORDED OWNER(S) OR AUTHORIZED AGENT AT TIME OF FOALING** We hereby authorize the transfer of same on the books of the Registry of the ASHBA:

THE FORGERY OR SIGNING ON BEHALF OF ANY PERSON WITHOUT PROPER AUTHORITY IS A VIOLATION OF THE REGISTRY OF THE ASHBA RULES AND REGULATIONS.

X \_\_\_\_\_

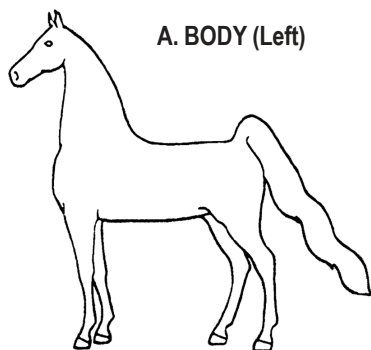
X \_\_\_\_\_

Home For Life Network Program Enrollment: Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

The Home For Life Network program encourages members to volunteer to provide a "safety net" for horses should they ever become unwanted. The breeder or a previous or current owner of a registered American Saddlebred may record their name and contact information with the Registry of the ASHBA.

ALL PAGES MUST BE COMPLETED

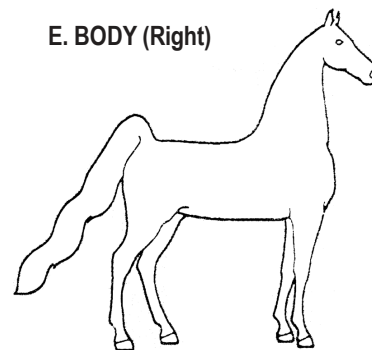
QUESTIONS?: (859) 259-2742 . FAX (859) 259-1628 . [registry@saddlebred.com](mailto:registry@saddlebred.com) . [www.saddlebred.com](http://www.saddlebred.com)



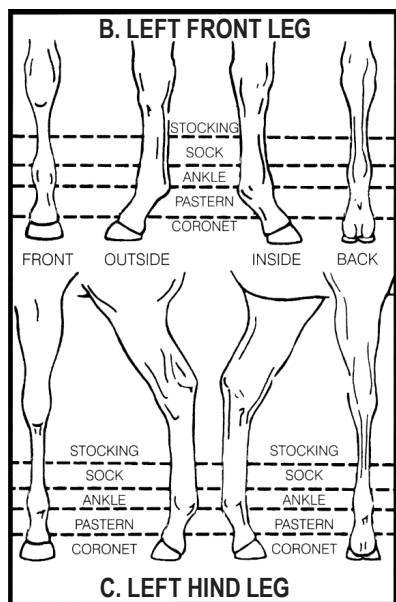
A. BODY (Left)

## 12. MARKINGS

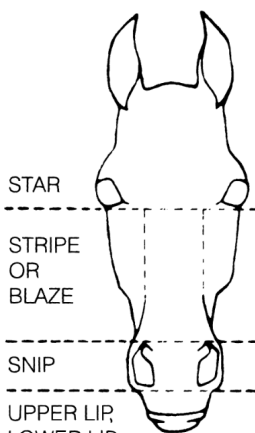
All white markings should be indicated. Take care that diagrams are accurate. IT IS STRONGLY RECOMMENDED THAT PHOTOGRAPHS OF THE HORSE BE SUBMITTED WITH THIS APPLICATION TO MAKE CERTAIN OF FUTURE IDENTIFICATION. For any application for registration not completed within 12 months of the foaling date and for any horse with white markings above the knee, the hock or behind the ears (such as pintos), four current photographs showing both sides, front and rear MUST be submitted to the Registry of the ASHBA.



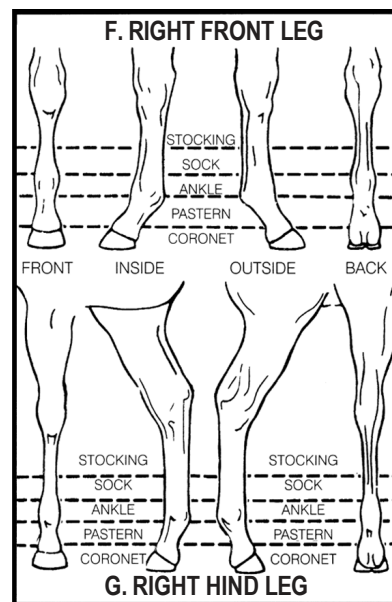
E. BODY (Right)



## D. FACE / HEAD



IF NO WHITE FACE MARKINGS, INDICATE "NONE"



WRITTEN DESCRIPTION OF MARKINGS (Check "none" if applicable) **DIAGRAMS AND WRITTEN DESCRIPTION MUST MATCH.**

BODY LEFT: \_\_\_\_\_ None

LEFT FRONT LEG: \_\_\_\_\_ None

LEFT HIND LEG: \_\_\_\_\_ None

FACE / HEAD: \_\_\_\_\_ None

BODY RIGHT: \_\_\_\_\_ None

RIGHT FRONT LEG: \_\_\_\_\_ None

RIGHT HIND LEG: \_\_\_\_\_ None

FOR OFFICE USE ONLY

ALL PAGES MUST BE COMPLETED

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# APPLICATION FOR REGISTRATION

PRINT YEAR FOAL BORN AND NAME OF DAM \_\_\_\_\_

## BREEDER'S CERTIFICATE

The Breeder's Certificate need not be completed UNLESS "Withhold Breeder's Certificate" was marked on the Stallion Service Report filed by the stallion owner, and also need not be completed if the owner of the sire was also the owner of the dam at the time of breeding. **Note breeding dates are required.**

I hereby certify that the stallion \_\_\_\_\_ Registration #: \_\_\_\_\_

was bred to a mare named \_\_\_\_\_ Registration #: \_\_\_\_\_

Owner of dam at the time of breeding \_\_\_\_\_ During the year \_\_\_\_\_

By ☐ Natural (Hand Service) (dates \_\_\_\_\_) (Required)

☐ Pasture Exposure (from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) (Required)

ICSI (Intracytoplasmic sperm injection (dates \_\_\_\_\_) (Required)

☐ Artificial Insemination and / or Transported Semen (dates \_\_\_\_\_) (Required)

## Signature of recorded owner / lessee / authorized agent of stallion at time of breeding

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X \_\_\_\_\_ date issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

(If signed by lessee or authorized agent, authority for such signature must be recorded with the ASHBA office by owner of record.)

## EMBRYO TRANSPLANT CERTIFICATION

If the foal born is a result of Embryo Transplant, the following section must be completed in accordance with Section III. K. 6. which states in part: Any party using Embryo Transplant shall furnish to the Registry of the ASHBA a signed statement certifying the date of transplant. The statement shall contain the veterinarian's contact information. **A \$50 Embryo Transplant Certificate Fee must be submitted.**

Embryo	OR	Oocyte
Fresh or Frozen		Fresh or Frozen

### Veterinarian/Clinic completing the Transplant (Required)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Embryo Transplant (Required) \_\_\_\_\_  
month / day / year

Date of Embryo/Oocyte Recovery (Required if different from Transplant Date) \_\_\_\_\_  
month / day / year

### Veterinarian/Clinic completing the Recovery (Required if different than the transplanting Veterinarian/Clinic)

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Signature of the Recorded Owner, Lessee, or Authorized Agent of dam at the time of recovery:

X \_\_\_\_\_

Signature

Date Issued (month/day/year)

THE FORGERY OR SIGNING ON BEHALF OF ANY PERSON WITHOUT PROPER AUTHORITY IS A VIOLATION OF REGISTRY OF THE ASHBA RULES AND REGULATIONS.

If Embryo/Oocyte is sold, please indicate Buyer and Date of Sale below:

Buyer's Name \_\_\_\_\_ Date of Sale (month/day/year) \_\_\_\_\_

Please note that pursuant to Section III. K. 7 of the rules, the Registry of the ASHBA is authorized to contact the person or the facility where the embryo transfer was performed, concerning the embryo transfer.

## BREEDER DESIGNATION

Note: per section III. A. 8. of the registry rules, the breeder may assign the breeder's designation as breeder to any person or entity prior to the completion of the foal's application for registration. Any such assignment includes all rights and interests as breeder including, without limitation, all rights to be listed as breeder on Registry records and all rights to any money or other prizes due the breeder. A Breeder Designation form must be completed and submitted to ASHBA along with a \$50 fee.