



APPLICATION FOR REGISTRATION OF HALF-AMERICAN SADDLEBRED

NAME (Maximum of 35 characters including space and punctuation)

1st choice: _____

2nd choice: _____

3rd choice: _____

DATE FOALD: ____ / ____ / ____ (mm/dd/yyyy)

COLOR OF FOAL: Chestnut Bay Black Pinto Other _____

SEX OF FOAL: Stallion Mare Gelding: date altered ____ / ____ / ____ (mm/dd/yyyy)

SIRE OF FOAL: _____ **REGISTRATION #:** _____

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

Street / P.O. Box: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____ **Fax:** _____

REGISTRATION FEE	
Registration Fee (all ages).....	\$50
Registered w/ another breed registry (i.e. Half Arabian, etc.).....	\$35
Unregistered Foal Transfer (if applicable) ..	\$25
DNA Testing (mandatory).....	\$60
DNA from Foreign Labs and other Registries.....	\$35
Total Fees Due	\$ _____
Please note:	
<ul style="list-style-type: none"> • One Parent, Sire or Dam MUST be registered with the Registry of the ASHBA. • DNA testing must be performed for parentage verification. • Four color photographs must be submitted with application. • If other parent is registered, please enclose copy of papers. 	
Microchip # _____	
Microchip Registry: _____	

ALL FOALS MUST be qualified by DNA testing as the offspring of the American Saddlebred parent. *Please indicate where kit should be sent:*

Email kit to: _____, or

Mail kit to: Name: _____ Address: _____ City / State / Zip: _____

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 Registry of the ASHBA or the ASHBA Half Saddlebred Registry by owner of record. Date issued: _____

Method of Payment:	
* 3% Processing fee will be added to all ASHBA credit/debit card transactions.	Total Due: \$ _____
_____ CHECK (payable to ASHBA) OR Visa, MasterCard, Discover, AMEX	
Credit/Debit Card #: _____	Exp. Date: ____ / ____ (month/year)
Cardholder's Name: _____	

Return completed form by email to registry@saddlebred.com, fax or mail to:
ASHBA, 4083 Wing Commander Way, Suite 50, Lexington, KY 40511



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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. Transfer fees will not apply if it is filed with the Registry of the ASHBA within 12 months of the foal's birth, otherwise a \$25 transfer fee will apply.

Buyer's Name: _____ Phone: _____

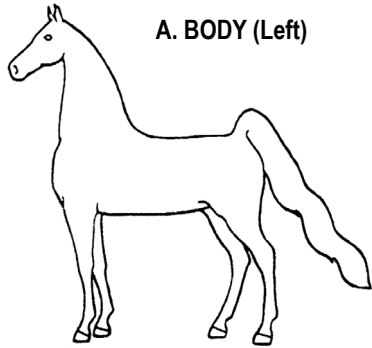
Address: _____ Date of Sale: _____

(Foaling date may be used if applicable)

THE FORGERY OR SIGNING ON BEHALF OF ANY PERSON WITHOUT PROPER AUTHORITY IS A VIOLATION OF THE REGISTRY OF THE ASHBA RULES AND REGULATIONS. I/we hereby authorize the transfer of same on the books of the ASHBA Half Saddlebred Registry of America.

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

Home For Life Network Enrollment: _____ Contact Name: _____ Phone #: _____

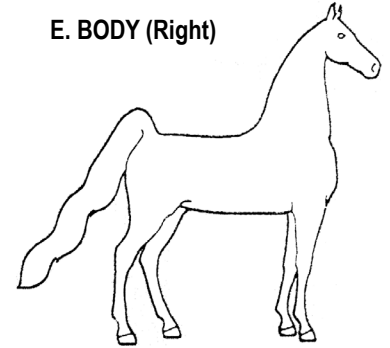


A. BODY (Left)

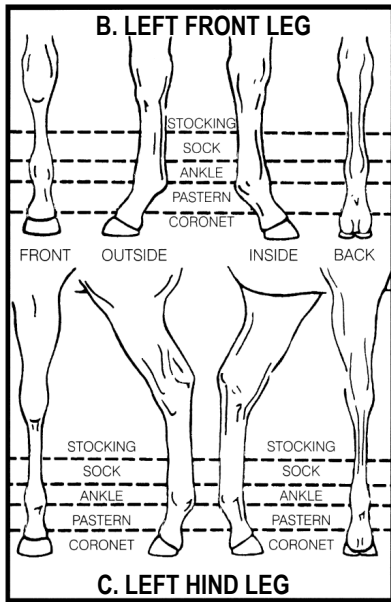
MARKINGS

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.



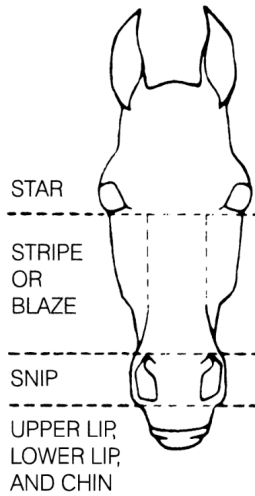
E. BODY (Right)



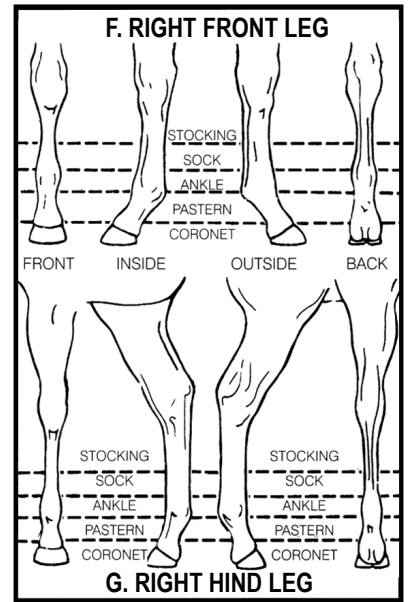
B. LEFT FRONT LEG

C. LEFT HIND LEG

D. FACE / HEAD



IF NO WHITE FACE MARKINGS, INDICATE "NONE"



F. RIGHT FRONT LEG

G. RIGHT HIND LEG

WRITTEN DESCRIPTION OF MARKINGS (Check "none" if applicable)

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