



# APPLICATION FOR REGISTRATION OF HALF-AMERICAN SADDLEBRED

**NAME** (Maximum of 35 characters including space and punctuation)

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> 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).....\$50

DNA from Foreign Labs and other Registries.....\$25

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

**Please note:**

- **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](mailto: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.

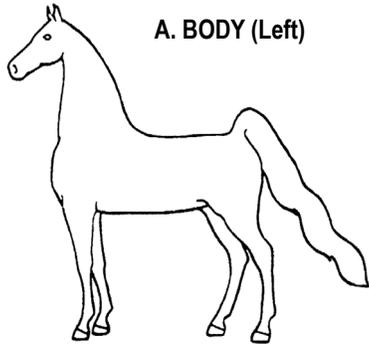
Buyer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

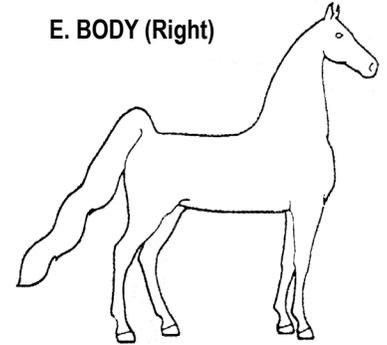


**A. BODY (Left)**

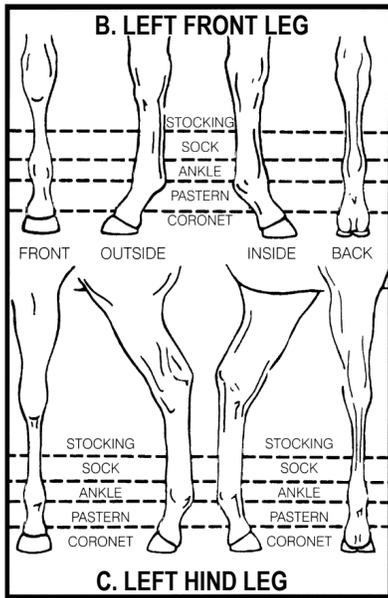
### MARKINGS

ALL WHITE MARKINGS SHOULD BE INDICATED. TAKE CARE THAT DIAGRAMS ARE ACCURATE.

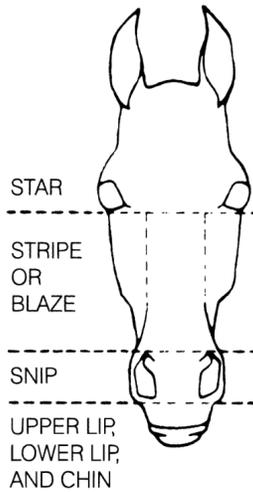
**FOUR CURRENT PHOTOGRAPHS SHOWING BOTH SIDES, FRONT AND REAR MUST ACCOMPANY THIS APPLICATION.**



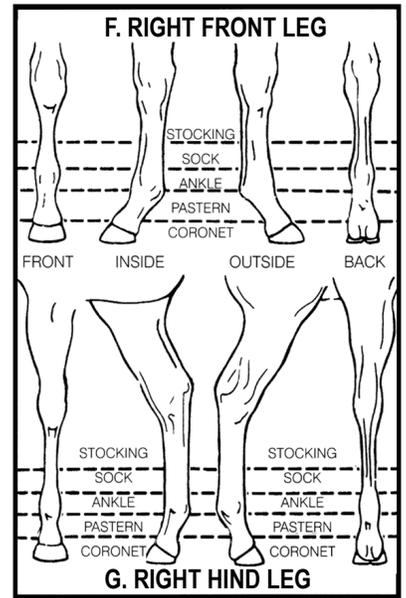
**E. BODY (Right)**



### D. FACE / HEAD



IF NO WHITE FACE MARKINGS, INDICATE "NONE"



### 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