

TRANSFER OF FROZEN SEMEN

The Owner/Seller	TRANSFER REQUIREMENTS OR the <u>BUYER</u> must be an active American Saddlebred Horse and A) member or a \$50 non-member transaction fee must be paid.	Transfer Fee
Check Enclose	d Visa, MasterCard, Discover, AMEX	Membership Dues Membership year Dec. 1 - Nov. 30) Please Print Name of Membership Applicant: Name:
Card Number :		Senior - Competing
Exp. Date:/	(month/year)	Non-member transaction fee \$50
Cardholder's Nan	ne:	Total Fees Due\$
	The buyer will have authority to sign breeder's certificat for foals conceived by the use of this f	
This is an OFFICI	AL DOCUMENT and must be COMPLETED IN FULL BEYOND THIS	POINT.
REGISTERED NA	ME OF HORSE:	REGISTRATION NUMBER:
Date Of Sale	/(indicate date frozen semen actually changed ownership)	
Number Of Breed	ling Doses or Straws Purchased	
BUYER'S NAME:		For Office Use Only Owner's ASHBA ID# Authority ID#
ADDRESS:		
CITY/STATE/ZIP:		
PHONE:	EMAIL:	
	If the Buyer's information reflects the name(s) of a business entity (fan Statement of Signature Authority form must be filed (or currently be o	
	If the written BUYER'S INFORMATION lists the names of MORE THAN ONE person or party, ONE of these JOINT OWNERSHIP selections MUST BE indicated above.	res of all owners to transfer frozen semen) of only one owner to transfer frozen semen)
SELLER'S NAME	E:	
ADDRESS:		For Office Use Only
CITY/STATE/ZIP:		Owner's ASHBA ID# Authority ID#
PHONE:	EMAIL:	
	e recorded owner of the stallion at the time the semen was sold, a contract of ying that the seller owns the semen. See Registry of the ASHBA Rule Section	
	of SELLER(S) SIGNATURE	(S) of SELLER(S)
Recorded Owner, Fro	ozen Semen Owner or Authorized Agent	Recorded Owner, Frozen Semen Owner or Authorized Agent
PRINT NAME	PRINT NAM	E
	Return completed form by email to registry@saddlebr ASHBA	ed.com, fax or mail to:
	4083 Wing Commander Way, Suite Lexington, KY 40511	50
QUESTIONS?: (859) 259-2742 . FAX (859) 259-1628 . registry@saddlebred.com. www.saddlebred.com		