

Second signature if joint ownership

Registration Application

The American Miniature Horse Association, Inc. 5601 S Interstate 35 W, Alvarado, TX 76009

5601 S Interstate 35 W, Alvarado, TX 76009 (817)783-5600 www.amha.org Check Here If Futurity Nominated

FEES
For a list of fees, please refer to the current Work Order Form.

Check Here If Showing AOTE

Section 1 - F	REGIS	TRATIO	A NC	PPLI	CAT	ION	- Mus	st be	con	nplet	ed ir	n its ϵ	entir	ety.		
NAME: Give 2 choices, not to exceed 35 characters, including spaces - punctuation is not allowed. Sex:																
1st Choice:						He	Height:									
2nd Choice:							Fc	Foaling Date				Gelded Date				
Yes, I authorize	the AM	1HA to sel	ect a na	me if t	the abo	ove ch	oices ar	e unava	ailable	or obje	ctiona	ble.				
Yes, I authorize the AMHA to designate the color as represented by photographs submitted.											itted.	LEG MARKINGS				
SELECT ONE COLOR	: 🗆	SOLID [APPALO	oosa [Right Fi	ront			
PLEASE NOTE: If you are filling out this form online, the recognized color choice will appear in the drop down menu. If filling or by hand, please fill in yo selection after reviewing the recognized color choices.		DAPPLE [Р	INTO [Right H	ind			
		ROAN					PINTALO	oosa [Left Fro	nt			
	ır	DUN [0	THER				Left Hin	ıd [
	$ \square$ M	EAD ARKINGS		DN 47.7		CED) (10	T DEFEN T	2 65 67 16	NI 2 DEI	OM/ A FT	TD COM	Mane & T Color:		TION	IFICUITO O	
IF YOU DID NOT OWN SIRE AND DAM MUST							E KEFEK I	_ SECTIO)N 2 BEI	LOW, AFT	ER COM	PLETING I	HI2 SEC	.HON. F	1EIGH I S C)F
SIRE Reg. Name:							Reg. i	#:			Heigh	nt:				
DAM Reg. Name:								Reg.	#:			Heigh	nt:			
RECORDED OWNER(S)	lame									Phone	#:					
OF DAM AT A	ddress									City:				state:		
TIME OF FOALING: Zi	p:			Country						Email						
As the owner of the dam at the time of foaling, I hereby certify that all information on this registration is true and correct to my personal knowledge, and agree that the Association has the privilege to correct and/or cancel the registration certificate for cause under its rules and regulations.																
Signature of Owner of Dam at Time of Foaling: X Date:																
Section 2 - S	ERVI	CE/BRI	EEDE	RS C	ERTI	FIC	ATE If yo	ou do not o	wn BOTH	mare and sta	allion at tin	ne of service o	complete	this sectio	n or <u>attach a</u>	Į.
Service Certificate. No alteration of info in this section is acceptable. This is to Certify: Name & Registration # of Stallion Signature of registered owner(s) of Stallion at time of service*:																
Name:				#:		H	eight:		x:_			 				
This is to Certify: Name & Registration # of Dam				" —		– 1				iture of reg	istered o	wner(s) of D	am at tiı	ne of ser	vice*:	
Name: #:						Height: X:										
List Dates of Breeding Season * ALL Signatures Re											res Requ	uired if join	t owne	rship.		
Section 3 - 0	OWNE	RSHIP	TRAI	NSFE	ER AI	ND I	HEIGH	ТСЕ	RTIF	ICAT	ION		ate of			
The Buyer and Seller Morder for the transfer completed, I/we hereb	f owners	hip to be pro	ocessed.	After re	egistratio		Name:					•	Tallste			
We certify that the above-named						Addre	ss:									
horse was measured on (date):							City:					State:		Zip):	
And the height of the	as:					Count	ry:				Phone:					
							Email:									
X:							X:									
Signature of seller (ow	ner of da	m at time of	foaling)				Signatu	re of buy	/er							

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