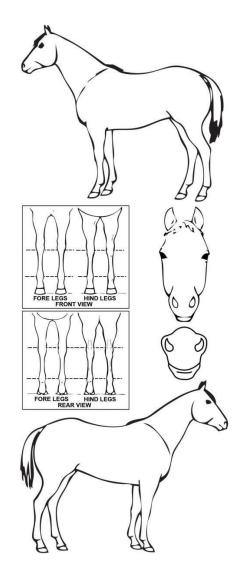
APPLICATION FOR REGISTRATION



This form is for General Registration, Imported Horses, Imported Semen, Imported in Utero or Horses born en route.

Breeders Name:	
Sire:	
Dam: Registration #:	
Service Type: Natural Al Embryo Transfer Frozen Embryo Microchip#:	
DOB:	
. Name of Horse: Please nominate three names in order of preference otherwise the Association will allocate a name. Use only one letter per box and all	
·	
box for the space between words. Do not use numerals or punctuation. If you have a prefix and wish to use it, please include in the name.	llow one
Owners Name: Membership #:	
Address: Phone #:	
I hereby acknowledge that I have read and understood the Rules & Regulations of the Association regarding having this horse considered for registratio that this horse is not excluded under the current NOT ELIGIBLE Rule; and that the above are true and correct.	
Signature: Date:	
Cheque: Make payable to AQHA and post to PO Box 979, Tamworth 2340 Direct Deposit: Westpac BSB 032 621 Acc.#: 119369 Reference: AQHA M/Ship#)#
Name on Credit Card://///	
Expiry Date:	ard
Signature of Card Holder:	

IMPORTANT: Mark whorls on head and neck as X and draw carefully all white markings and brands on diagram below



PO Box 979 Tamworth 2340

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Fax: 02 6762 6422

www.aqha.com.au