American Paso Fino Horse Association

P.O. BOX 593, Lexington, TN 38351 (615) 562-PASO (7276) www.americanpasofino.com

Horse Registration Application

SECTION A COMPLETE INFORMATION ON THE HORSE TO BE REGISTERED

Given name choices not to exceed 30 characters, including spaces and punctuation (NO numerals or Jr./Sr.)

1st Choice: _____ **Foaling Date:** (mm/dd/yyyy) _____/_____/_____

2nd Choice: _____

State/Country Foaled (required): _____ **If foal is a twin check here:** _____

Sex (check one): ☐ Mare ☐ Stallion ☐ Gelding - Date gelded: (mm/dd/yyyy) _____/_____/_____

Check one that applies: ☐ Horse foaled in USA ☐ Horse maintained outside United States

☐ Horse Imported - Date imported: ____/___/_____ (Importation papers required)

☐ **Order DNA Test Kit** *Required after January 1, 2017* ☐ **Mail** *Sent to address on file* ☐ **Email** _____ *Sent to email on file - if none on file enter email address above.*

DNA Kit # _____ **Date Sent to lab: (mm/dd/yyyy)** _____/_____/_____

If horse is registered with an accepted registry, attach copy of papers with application for registration.

If horse's DNA is on file with another association lab, you may request a copy from that lab to transfer to the University of Kentucky for storage and future parentage verification of offspring registered with APFHA. Fee for manually entering profile from a pdf or print out $10.00 There is no fee to transfer profiles that are received in an excel format

Color (check one) ☐ Bay ☐ Black ☐ Brown ☐ Buckskin ☐ Chestnut ☐ Cremello ☐ Dun ☐ Gray ☐ Grulla ☐ Palomino ☐ Perlino ☐ Roan ☐ White

Pinto choose base color and also choose pattern ☐ Pinto- Tobiano ☐ Pinto- Sabino ☐ Pinto- Sabiano

I certify that I am the current owner of above horse currently registered with another association (section B & C not required)

Signature _____ **Member #** _____

SECTION B BREEDER'S CERTIFICATE

I hereby certify that the sire (print name) _____ **Reg. #** _____

was bred to the dam (print name) _____ **Reg. #** _____

Breeding Method (required):

☐	Natural (hand service)	Dates:
☐	Pasture Exposure	From: To:
☐	Artificial Insemination	Dates inseminated:

Signature of recorded owner(s), lessee, or the authorized agent of SIRE at time of BREEDING (required)

_____ _____

Signature **Member #** **Signature** **Member #**

signature of recorded owner(s), lessee, or their authorized agent of DAM at time of BREEDING (required)

_____ _____

Signature **Member #** **Signature** **Member #**

SECTION C—ORIGINAL OWNER OF FOAL (Recorded Owner of Dam at Time of Foaling)

With the following signature, I verify that:

1) I am aware of and agree to abide by the rules and procedures of the American Paso Fino Horse Association and its registry.
2) Acceptance and deposit of the enclosed fee DOES NOT constitute acceptance for registration.
3) I hereby certify that all information on this registration application is true and correct to my personal knowledge.

Print Owner(s) Name Here: _____

Signature of recorded owner(s), lessee, or their authorized agent (required):

_____ _____

Signature **Member #** **Signature** **Member #**

INITIAL ALL ERASURES OR ALTERATIONS ON THIS FORM - VERIFICATION REQUIRED

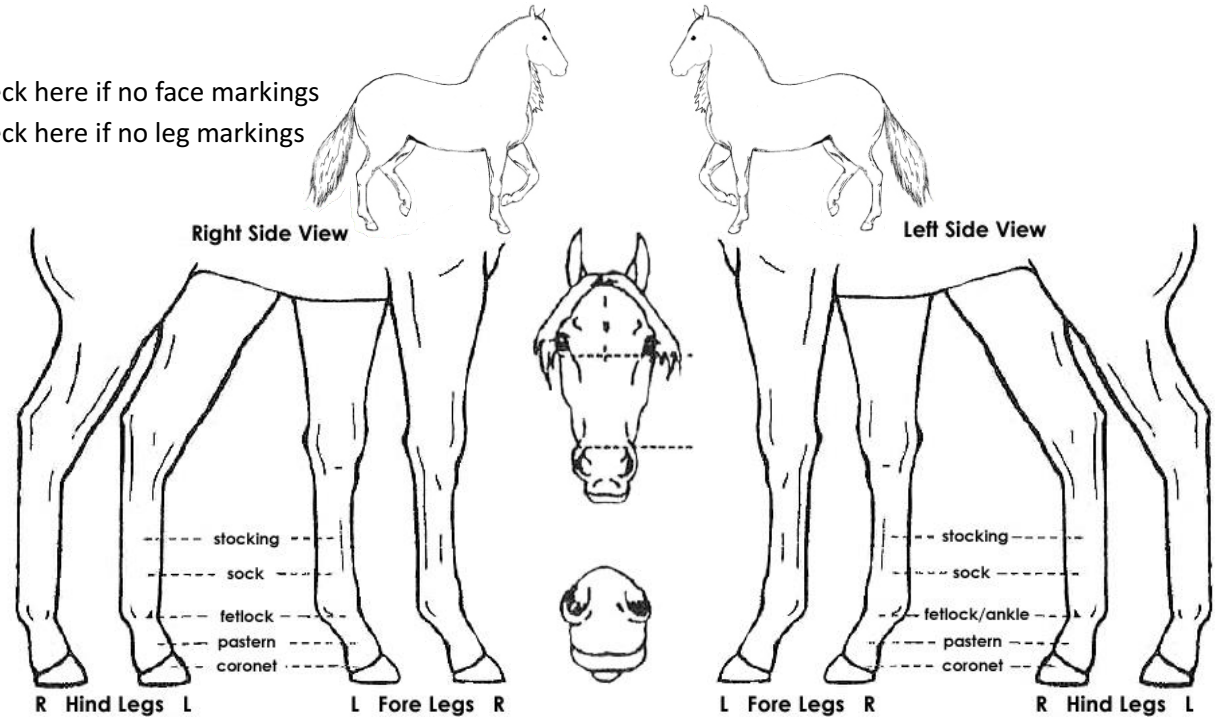
SECTION D - DESCRIPTION

ATTACH THREE OR MORE COLOR PHOTOS SHOWING ALL FACE, LEG, AND BODY MARKINGS

On these diagrams outline all white markings of the horse being registered:

☐ Check here if no face markings

☐ Check here if no leg markings



Scars, Brands, Tattoos, Other, Unusual Markings: _____ Microchip # _____

SECTION E—TRANSFER AT TIME OF REGISTRATION – Requires transfer fee below.

This section must be completed if the recorded owner of the dam at time of foaling is different from the current owner of the foal.

I/We, the undersigned seller(s), hereby authorize the Registry to transfer the applicant horse on this registration, when registered to the buyer(s) indicated below:

Signature(s) of Seller(s):

_____ _____

Signature APFHA Member # **Signature APFHA Member #**

Print Buyer'(s) Name(s) Exactly as shown on APFHA Membership:

_____ _____

Buyer (named printed) APFHA Member # **Buyer (named printed) APFHA Member #**

SECTION F - EFFECTIVE DATE OF TRANSFER IS DATE OF SALE

All Certificates of Registration will be mailed to the current address on file for the first listed owner. If this person is not a current member, is a new member, or if his/her address has changed, print this information below. If the certificate should be mailed to another owner or agent, please list their name below.

Name:_____ **Phone:**_____

Address:_____

SECTION G - FEES & PAYMENT

DNA Kit (Section A) $_____
Required on horses born on or after 01/01/17

Registration Fee (see right) $_____

Transfer Fee $_____

Priority Mail ($10 - optional) $_____

Rush Fee ($25- optional) $_____

TOTAL $_____

REGISTRATION FEES – Member Rate

All ages	**$45**

If the dam or sire (or both) are not in the APFHA database but are registered with an approved association, a copy of the papers must accompany the registration application.

Method of Payment (check one): _____**Mastercard** _____**Visa** _____**Debit** ____**Check (#**_____**)**

Card number or paypal verification #_____**Expiration date:**_____**3 digit #**_____

Name of card holder: _____

Phone: _____ **Email:**_____

Make check or money order payable to: American Paso Fino Horse