<b>Registration Appl</b>	ication	Office use only
American Paint Horse Ass P.O. Box 961023 • Fort Worth, (817) 834-APHA (2742) • Fax www.apha.com • askapha@aph	<b>OCIATION</b> Texas 76161 (817) 834-3152	Type:       Reg. No.:         Date Reg.:       Registration applications received without poer photos or fees will be considered invalid and may be returned without processing.
<ul> <li>Horse to be Registered</li> <li>Please provide at least three name options. Do not use punctuation marks or numbers. Name may not exceed 21 characters and spaces combined. Do not use names that sound similar to existing names, even if spelled differently.</li> <li>Application must be accompanied by at least four (4) clear, close photographs of the horse. These photographs must include each side and the front and rear views. Please do not trim or mark on the photographs. If the horse is freeze-branded, a photo of brand must accompany application.</li> <li>If the horse has minimal white qualifying areas, additional photographs of this area must be submitted.</li> <li>If photographs submitted do not clearly establish eligibility for Regular Registry, the horse will be registered into the Solid Paint Bred Registry. See Rule RG-050.B4.</li> <li>Digital and instant print photographs are not recommended.</li> <li>For more information on current fees or photo tips, please call our Customer Service General Information line at Extension 778 or visit apha.com.</li> </ul>	Color: 🗆 White 🗆 Black 🗆 Bay 🗆 Brown 🗆 Chest	th/Day/Year):       /         State Where Foaled:       /         Semen       Embryo Transfer       Artificial Insemination         Semen       Embryo Transfer       Artificial Insemination         Semen       Red Roan       Blue Roan       Bay Roan         Cream       Red Dun       Dun       Grullo       Buckskin       Gray         Gold Champagne       Tail:
<ul> <li>Breeder's Certificate</li> <li>Any erasure or alteration of horse information or dates will invalidate this breeder's certificate. Complete a new application if sire or dam information is incorrect as printed.</li> <li>Sire requirements must be met prior to the registration of any foal.</li> <li>Corrections to owners' names and addresses are acceptable.</li> <li>Sire and dam names and their owners' information must be completed.</li> <li>Foals with a QH or TB parent also must have on file a copy of the QH or TB registration certificate (both sides).</li> <li>If this is a QH or TB mare's first APHA foal, include a QH/TB mare enrollment fee of \$10.</li> <li>Dam owner at the time of foaling may utilize the Breeder's Certificate control number, located below the sire owner's signature, for on-line registration at apha.com.</li> </ul> Signature Requirements <ul> <li>Signature must be an individual signature.</li> <li>If the horse is owned jointly, the individual signature of either owner is acceptable.</li> </ul>	Sire Information:         Name:         Reg. No.:         Color/Type:         Owner:         ID No.:         Address:         Beginning/ending dates horses listed above were exposed         As owner of the sire, I certify that the above information is of rect to the best of my knowledge. By signing this document acknowledge my responsibility for submitting applicable bere ing report, listing and DNA genetic testing, and associated for the above-mentioned stallion. I authorize APHA access any DNA genetic testing results on file for the sire from any business or association that has access to or control of such results of service:         X	Color/Type:
Forms are available upon request or at apha.com/forms. • If any of the joint owners are not authorized to sign, or more than one signature is required, a Conditional Signature Authorization form must		Name:

• If any of the joint owners are not authorized to
sign, or more than one signature is required, a
Conditional Signature Authorization form must
be on file. Information is available upon request.
• If horse is to be registered in any name other
than the dam owner at time of foaling, you must
complete the transfer information on reverse.

\_\_\_\_\_Daytime Phone:\_\_\_\_\_\_

E-mail:

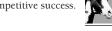
### **Transfer of Foal**

٠	This section must be filled out completely if the
	current foal owner is different than the dam
	owner at time of foaling.

- Transfer fee of \$15 applies.
- Any alteration may necessitate a new transfer.
- APHA will not knowingly skip transfers of ownership.
- Additional forms are available for additional changes in ownership at apha.com/forms.
- Seller's signature is required for the transfer to be valid.
- When a foal is transferred, a membership must be held or purchased in exactly the same name as that under which the foal is to be owned to obtain reduced member rates. (See fee schedule in APHA Rule Book.)

## **APHA Breeders Trust Program**

- Breeders Trust is an incentive program for horses competing in APHA-approved events.
  Breeders Trust rewards
- breeders frust rewards everyone involved in the foal's competitive success.



## **DNA Kit Request**

- Please note that DNA verification is required if the foal is the product of breeding by transported semen, frozen semen, embryo transfer, oocyte transfer or vitrified embryo. You may also request DNA for parentage verification, racing or breeding purposes.
- If you have a QH or TB stallion or mare that has been genetically tested, we will accept those results if on file with APHA's official laboratory.
- For parentage verification, both the dam and foal must be tested. Order two test kits if the dam has not been genetically tested.

## Fee Schedule

- Fees are based on the date application is postmarked and age of horse at the time submitted. Postal meters are not accepted.
- The age of a horse is computed by the calendar year starting on January 1 of the year foaled.
- Average registration completion times range from two to 14 weeks, depending on time of year submitted. If you wish to have your registration completed sooner, a rush service is available. Following is required on rush work:
  - 1. Envelope marked "RUSH"
  - 2. Daytime phone number
  - 3. Certified funds or a credit card payment
- The rush fee will not be refunded.
- Minimum processing time for a rush registration is 10 working days from date received.
- Fees subject to change without notice.
- An office processing fee will be charged on all registration work not processed to completion.

# Membership

- Membership must be held or purchased in exactly the same name as that under which the dam is owned at the time of foaling in order to register a foal at reduced member rates.
- Memberships begin in the same month application is postmarked.

# **Online Access**

- My APHA (free to APHA members). Includes online stallion breeding reports and foal registrations.
- APHA Basic-\$25 per year. Includes pedigrees, performance records, progeny records and show results.
- APHA Plus-\$14.95 per month; \$99 per year. Includes "My Barns", Color Calculator, show records and extras.

Foaling Year:				
Sire (Name must be spelled out):				
Dam (Name must be spelled out):				
Buyer's name: (Must not exceed 30 characters, includin				
Buyer's APHA ID No.:				
Daytime phone:		E-mail:		
Buyer's Address:				
City:	State:	Zip:		
I/we (owner of the dam at time of for registered to the buyer listed above.	aling) hereby authorize APHA	to transfer the foal describ	oed on this app	plication when
Signature of Seller $\mathbf{X}$		Date of Sale:	/	/
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Foal Nor	mination
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Check the appropriate box. (Payment must be in U.S. Funds Only.) Only foals by subscribed stallions are eligible to participate.			
□ By Dec. 31 of Foaling Year–\$100	□ By Dec. 31 of Yearling Year—\$400	□ 3-Years and Older - \$1300	
□ By 12 <sup>th</sup> Month of Age*–\$200	□ By Dec. 31 of 2-Year-Old Year—\$800		
*Must be postmarked by birthdate.			
Name of foal nominator, please print:			
Nominator's U.S. Social Security Number or Federal Tax ID Number:			

 $\hfill\square$  Kit for foal only, dam already on file  $\hfill\square$  Kits for both foal and dam

Why are you requesting a DNA kit?:

 $\Box$  Foal is the product of transported cooled/frozen semen

□ Foal is the product of embryo transfer, oocyte transfer, vitrified embryo □ Breeding purposes only □ Foal is a race horse □ Parentage verification

State:

Please mail kits to:

Name:

Breeders

- Address: \_\_\_\_\_ City: \_\_\_\_\_
- Regular Registry US Funds Only Member □ 0-90 days after foaling or June 30 of the calendar year foaled, whichever is later \$25 □ July 1 – Sept. 30 of the year foaled \$35 □ Oct. 1 – Dec. 31 of the year foaled \$50 □ Yearling Year \$100 2-Year-Old Year \$250 □ 3-Year-Old Year and Older \$500 □ Rush registration requires an additional \$50 Solid Paint-Bred Registry Member □ 0-90 days after foaling or June 30 of the calendar year foaled, whichever is later \$15 □ July 1 – Dec. 31 of the year foaled \$25 □ Yearling and 2-Year-Old Year \$50 □ 3-Year-Old Year and Older \$100 □ Rush registration requires an additional \$50 Registration deadlines for south of the equator can be found in the APHA Rulebook Rule RG-110.

Other Fees	Mem	ber
□ Transfer Fee	\$	15
□ QH/TB Mare Enrollr	nent Fee \$	10
🗆 DNA Kit–Foal	\$	60
🗆 DNA Kit–Dam	\$	60
Membership Levels		
Adult	Junior (18 or younger)	
□ One-year—\$40	□ One-year—\$20	
☐ Three-year—\$90	□ Three-year—\$40	
□ Five-year—\$150	□ J-Term—\$100	
□ Lifetime—\$500	Birthdate: / /	

#### Additional Product Packages:

□ **Premium**—\$45 (save \$20), **US ONLY**. One year subscription to the *Paint Horse Journal*(\$30 value), four generation, frameable, pedigree certificate(\$20 value), \$15 gift certificate to the APHA General Store □ **Deluxe**—\$15 (save \$5) Four generation frameable, pedigree certificate (\$20 value)

Total Amount Due	
Registration fee:	\$
QH/TB Mare Enrollment Fee:	\$
Transfer Fee:	\$
Breeders Trust:	\$
DNA Kit(s):	\$
Rush Fee:	\$
Online Access Service:	\$
Membership Dues:	\$
Product Package:	\$
TOTAL	\$

Zip:

□ Check or money order enclosed. *Do not send cash.* If you pay by check, your check may be converted into an electronic funds transfer.

□ MasterCard	🗌 Visa	□ American Express
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If paying by credit card, please complete the following.

Card No.:		
Exp. date:		CVV#:
Name of Cardholder:		
APHA ID No.:		
Address:		
City:	_ State:	Zip:
Daytime phone:		
E-mail:		
Signature.		