

AHQHR



American Quarter Horse Registry

www.halfquarterhorse.com ph. 254-592-7827

Date of application: \_\_\_\_\_

# Registration Application

## 1. Give two name choices not to exceed 30 characters, including spaces

A. \_\_\_\_\_  
B. \_\_\_\_\_

## 2. Color

bay  bay roan  black  blue roan  brown  buckskin  chestnut  cremello  dun  gray  grullo  
 palomino  perlino  red dun  red roan  sorrel  white

## 3. Color pattern

solid  overo  tobiano  tovero  sabino  spotted blanket  flaxen mane & tail  frosted mane/ tail

## 4. Gender

stallion  mare  gelding

## 5. Date foaled

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

## 6. State/ country foaled

\_\_\_\_\_

SIRE \_\_\_\_\_ sire owner at time of breeding \_\_\_\_\_  
Name reg# breed name city/ state

DAM \_\_\_\_\_ dam owner at time of breeding \_\_\_\_\_  
Name reg# breed name city/ state

Include copies of sire and dam registration certificates, unless AHQHR registered

## 7. Owner

Name \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
Street address \_\_\_\_\_ Country \_\_\_\_\_  
City, state/ providence \_\_\_\_\_ Postal code \_\_\_\_\_  
Email address \_\_\_\_\_ Phone number \_\_\_\_\_

## 8. Breeder's certification

This certifies that the above sire and dam were bred in the 20 year resulting in the foal to be registered with this application.

X

Signature of **STALLION** owner at the time of breeding phone number

X

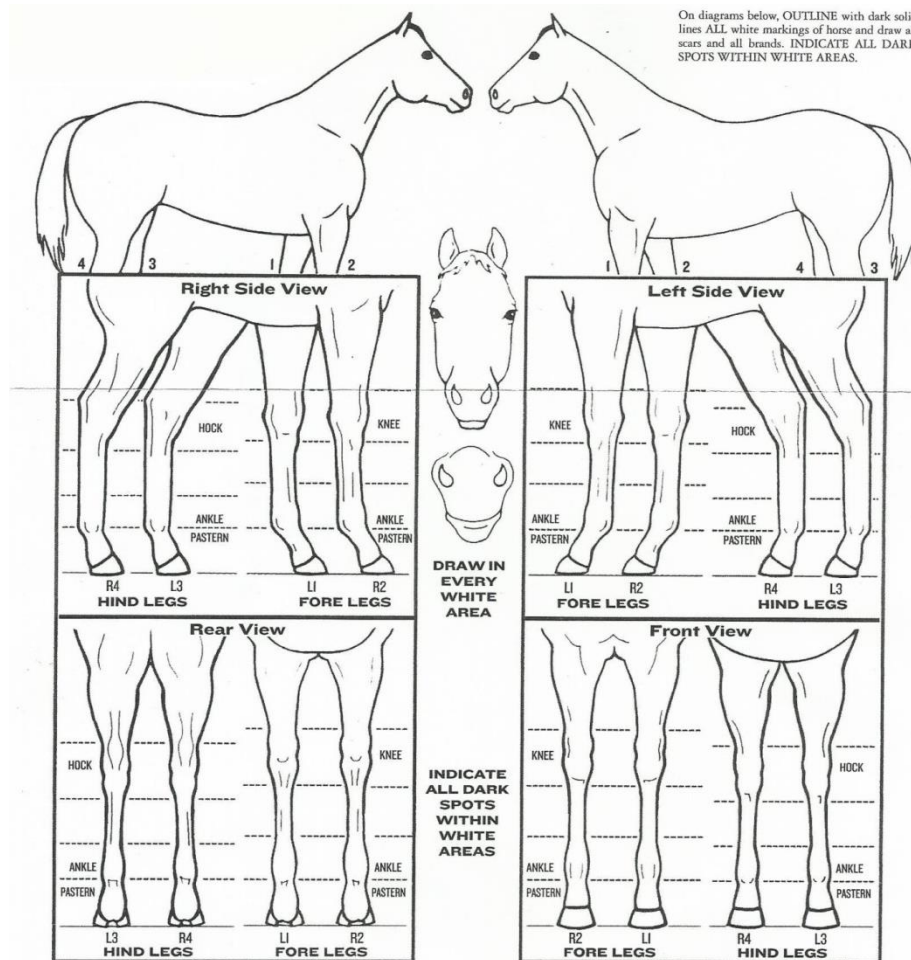
Signature of **MARE** owner at the time of breeding phone number

## 9. Fill in all that apply

foal produced by embryo transfer ..... Date embryo transferred \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 foal produced by frozen embryo ..... Date of implantation \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 foal conceived by cooled/ transported semen  
 foal conceived by using frozen semen  
 foal is the offspring of a clone.....  SIRE  DAM  BOTH

## 10. Markings

Horse has no markings     Horse has dorsal stripe    Eye Color \_\_\_\_\_  
Left right  
 Mane color \_\_\_\_\_ Tail color \_\_\_\_\_ Brands and/ or scars \_\_\_\_\_  
 Description of markings \_\_\_\_\_



### PHOTOGRAPHS:

Four quality photos of the horse must accompany the application: one front, one back, and one of each side. These may be printed photos, on a flash drive or emailed to [AHQHR@yahoo.com](mailto:AHQHR@yahoo.com). This media becomes property of AHQHR and will not be returned to you.

### TIPS:

- Choose a non-distracting background
- be sure the horse's stance is somewhat even
- do not cut out any part of the feet, legs, head, or ears
- include a close-up photo of any brands
- 3/4 view photos are good for use on the certificate. Otherwise, a side view will be used

## 11. Registration/ Membership fees (Current AQHA members eligible for 1/2 price annual memberships - validation required)

- A.**  Annual individual.....\$30     Lifetime individual.....\$180     Annual youth.....\$25  
 Annual ranch/ family.....\$40     Lifetime ranch/ family....\$265     OUTSIDE OF US PROCESSING... +\$15
- B.**  12mo & under.....\$30     13-24mo.....\$40     25-36mo.....\$50     37-48mo.....\$60     49mo & older.....\$80
- C. OPTIONS:**  Premium photo added to certificate.....+\$35     DNA kit (PV and/or breed analysis).....+\$68     RUSH order.....+\$15  
 Purchase parent AQHA, APHA, or ApHC pedigree from database.....+\$5/ ea     Enroll in *Half to Ride* or *Half to Perform*.....+\$30/ea
- D. OTHER:**  Transfer of ownership.....\$25     Duplicate/ replacement certificate.....\$50

**TOTAL:** A \$ \_\_\_\_\_ + B \$ \_\_\_\_\_ + C \$ \_\_\_\_\_ + D \$ \_\_\_\_\_ = \$ \_\_\_\_\_ **(AMOUNT DUE)**

|                                |  |                                      |  |  |
|--------------------------------|--|--------------------------------------|--|--|
| <input type="checkbox"/> Check |  | <input type="checkbox"/> Money order | <input type="checkbox"/> PayPal: _____ | <input type="checkbox"/> Credit or debit card (subject to 5% processing fee) |
| _____<br>Card Number           |  |                                      |  | US FUNDS ONLY<br>Do not send cash  |
| _____ / _____<br>Exp. Date     |  | _____<br>CVC code                    |  | _____<br>Billing postal code   |
| _____<br>Cardholder Signature  |  |                                      | _____<br>Date                          |  |

Please remit cks and money orders to:  
**AHQHR**  
**PO Box 693**  
**Proctor, TX 76468**