Registration Application **Showing AOTE** The American Miniature Horse Association, Inc. \square NO \square FEES YES For a list of fees, please refer to the 5601 S Interstate 35 W, Alvarado, TX 76009 current Work Order Form. (817)783-5600 www.amha.org YEAR

| Section 1 - | REG | ISTR | ATION | APP | LICATIO | N | - Mus | t be | COL | mplet | ed i | n its | e n t i | irety | | | |
|---|-----------|-----------------------------|-------------|------------|----------------|------|---------------------|------------------------|---------|-----------------|------------|---------------|---------|------------|-------------------|-------------|--|
| NAME: Give 2 choices, not to exceed 35 characters, including spaces - | | | | | | | | 1 | | | | | | | | | |
| 1st Choice: | Choice: | | | | | | | | Height: | | | | | | | | |
| 2nd Choice: | | | | | | | Fo | aling [| ate | | | Geld | ed Da | ate | | | |
| Yes, I authori | ze the | АМНА | to select a | name | if the abov | e ch | oices are | unav | ailabl | e or obje | ctiona | able. | | | | | |
| Yes, I authori | ented by | d by photographs submitted. | | | | | <u>LEG MARKINGS</u> | | | | | | | | | | |
| SELECT ONE COLO | OR: | SC | DLID | | | | APPALC | OSA | | | | Right F | ront | | | | |
| PLEASE NOTE: If you are filling out thi form online, the | s | DAF | PLE | | | | Pl | NTO | | | | Right H | lind | | | | |
| recognized color choic will appear in the drop down menu. If filling | · Ш | RO | ROAN | | | | PINTALOOSA | | | | | | ont | | | | |
| by hand, please fill in y selection after reviewir the recognized color | our 🖂 | [| DUN | | | | OTHER | | | | | | nd | | | | |
| choices. | | HEAD MARK | _ | | | | | | | | | Mane & Color: | | | | | |
| IF YOU DID NOT OW SIRE AND DAM MUS | | | | | | | E REFER TO | 1 | | ELOW, AFT | ER COM | _ | _ | ECTION. | HEIGHT | S OF | |
| SIRE Reg. Name: | | | | | | | | Reg. | | | | Heig | F | | | | |
| DAM Reg. Name: | | | | | | | | Reg. | #: | | | Heig | ht: [| | | | |
| RECORDED OWNER(S) | Name | | | | | | | | | Phone | #: | | | | | | |
| OF DAM AT TIME OF FOALING: | Addres | ss | | | | | | | | City: | | | | State: | | | |
| | Zip: | | | | Country | | | | | Email | | | | | | | |
| As the owner of the agree that the Assoc | | | | | | | | | | | | | | | ıledge, a | ınd | |
| Signature of Own | | | | | | _ | Date: | | | | | | | | | | |
| Section 2 - | SER | VICE | /BREEC | DERS | CERTIF | IC | ATE If yo | | | H mare and st | | | - | | on or <u>atta</u> | <u>th a</u> | |
| This is to Certify: Name | & Registr | ation # of | Stallion | | | | <u>Serv</u> | ice Certifi | | alteration of i | | | | | f service* | : | |
| Name: #: H | | | | | | | | | | X: | | | | | | | |
| This is to Certify: Name & Registration # of Dam | | | | | | | | | Sigr | nature of reg | jistered (| owner(s) of | Dam at | time of se | ervice*: | | |
| Name: | eight: | | X:_ | | | | | | | | | | | | | | |
| List Dates of Breeding Season | | | | | | | | * ALL Signatures Requi | | | | | nt owr | nership. | | | |
| Section 3 - | OW | NERS | HIP TR | ANS | FER ANI | D I | HEIGH | T CE | RTI | FICAT | ION | | Date (| | | | |
| The Buyer and Seller order for the transfe completed, I/we her | r of owr | nership to | be process | ed. Afte | r registration | | Name: | | | | | | Trans | fer: | | | |
| • | • | | | viieisiiip | 10. | _ | Addres | s: | | | | | | | | | |
| We certify that the above-named horse was measured on (date): | | | | | | | City: | F | | | | State: | | Zij | p: | | |
| And the height of the horse was: | | | | | Countr | y: | | | | Phone: | | | | | | | |
| - | | | | | | | Email: | | | | | | | | | | |
| X: | | | | | | | ٧٠ | _ | | | | | | | | | |
| Signature of seller (owner of dam at time of foaling) | | | | | | | X: Signatur | Signature of buyer | | | | | | | | | |
| V | | | | | | | | | | | | | | | | | |

Second signature if joint ownership

Second signature if joint ownership