AUSTRALIAN Quarter Horse ASSOCIATION

PO Box 979, Tamworth NSW 2340
ABN 41 000 964 643
WWW.AQHA.COM.AU

APPLICATION FOR REGISTRATION

This application is only valid if a yellow duplicate breeding certificate is supplied or it is being used for registration of an Imported horse.

Please ensure you complete all sections of the Application using a black pen.
Please indicate by ticking the appropriate circles where necessary.

This application is for: ○ GENERAL REGISTRATION ○ IMPORTED HORSE

Breeding Return No: _____

Breeders Name: _____ Breeders Membership No. _____
Breeder is registered owner of mare at time of service

Sire: _____ Registration No. _____

Dam: _____ Registration No. _____

Service Type: ○ NATURAL ○ ARTIFICIAL INSEMINATION ○ EMBRYO TRANSFER

DOB: _____/_____/_____ Sex: _____ Colour: _____

Microchip: _____ **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 allow one 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.

1																								
2																								
3																								

Owners Name: _____ Membership No. _____

Owners Address: _____

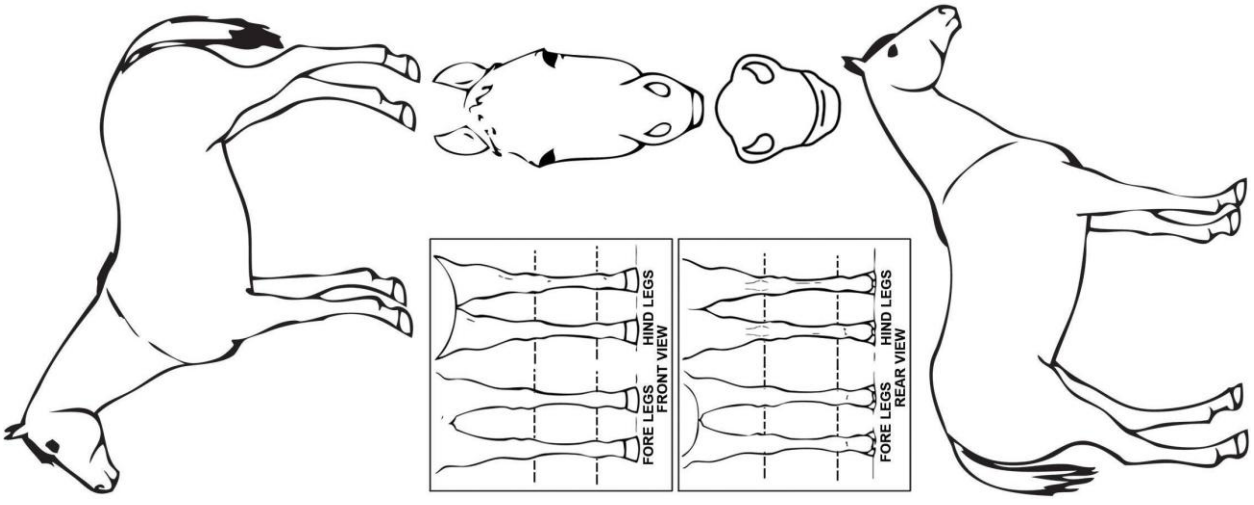
I hereby certify that the above particulars are true and correct

Signature: _____ Date: _____

Payment can be made by credit card or cheque made payable to the AQHA.

Name on Credit Card:_____ Credit Card Number: _____/_____/_____/_____

Expiry Date: _____/_____ VISA MASTERCARD I hereby authorise the AQHA to deduct this payment from my credit card.

Signature: _____ Date: _____

Please use red felt tip pen for all markings and black felt tip pen for brands.