

**IMPORTED
HORSE**

**REGISTRATION APPLICATION
ARABIAN HORSE STUD BOOK**



6030 Greenwood Plaza Blvd
Suite 100
Greenwood Village, CO 80111
P.O. Box 173886
Denver, CO 80217-3886
ArabianHorses.org
info@arabianhorses.org
303.696.4500

HORSE NAME AS SHOWN ON FOREIGN DOCUMENT

COLOR (Check One)

- Bay
- Black
- Roan
- Chestnut
- Grey

SEX (Check One)

- Mare
- Stallion
- Gelding

Month Day Year

Date Foaled _____

Sire _____

Dam _____

Date the horse entered the US or Mexico
Month Day Year

Date the horse was released from quarantine
Month Day Year

If the horse is a mare, was she bred prior to importation?
If yes, please include covering certificate. Yes No

This horse may be inspected and identified by the AHA. Please provide the location of the horse:

Contact Person _____

Street _____

City _____ State _____ Zip _____

Telephone () _____

I certify that the above pedigree and particulars are correct to the best of my knowledge and belief. I further agree that the horse will be subject to registration requirements as described in the Rules and Regulations effective at the time of application.

Signature of owner of horse on the date of importation: **PLEASE SIGN HERE** _____ Date: _____

Telephone # () _____ Owner # _____ Email _____

FOR OFFICE USE ONLY

Breeder Name _____
Owner Number _____
Address _____
City _____
Country _____

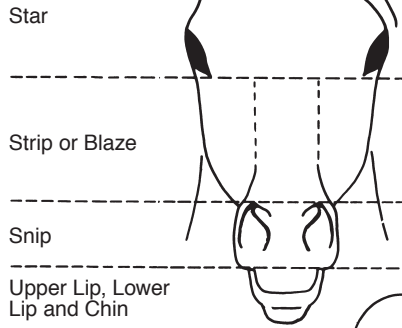
Processing Owner _____
Owner Number _____
Transfer to _____
Date of Sale _____

SOURCE _____
ORIGREF _____
Ship To: _____

All applications and all registrations are subject to AHA's Rules and Regulations. A copy of the Rules and Regulations may be obtained from AHA or viewed online at www.arabianhorses.org. All persons completing or signing any portion of this application, or submitting this application to AHA, agree to abide and be bound by the Rules and Regulations.

PLEASE EXERCISE CARE IN COMPLETING THIS APPLICATION. An incorrect certification may result in rejection or cancellation of this registration and, in appropriate cases, disciplinary action against the persons involved.

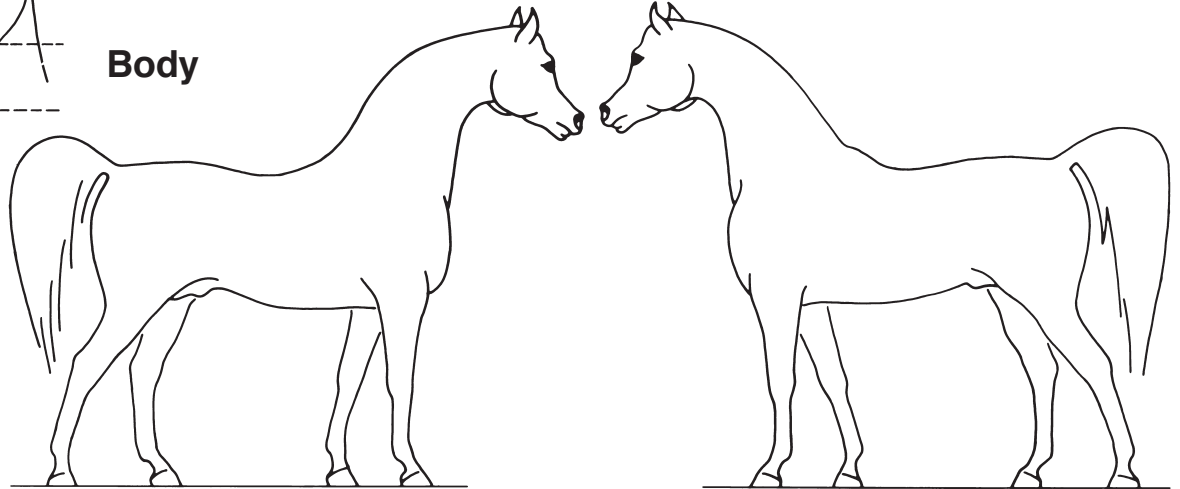
Face



Markings Instructions

- All white markings must be drawn.
- Hoof color must be indicated.
- If the horse has no white markings check the box for "No White Markings".
- For grey horses with white markings:
 1. If white marks have underlying pink skin, check "yes" in the underlying pink skin box; or
 2. If white marks do not have underlying pink skin (faint markings) check "No" in the underlying pink skin box.
- For further information consult the AHA publication "Identifying The Arabian Horse", or call AHA.

Body



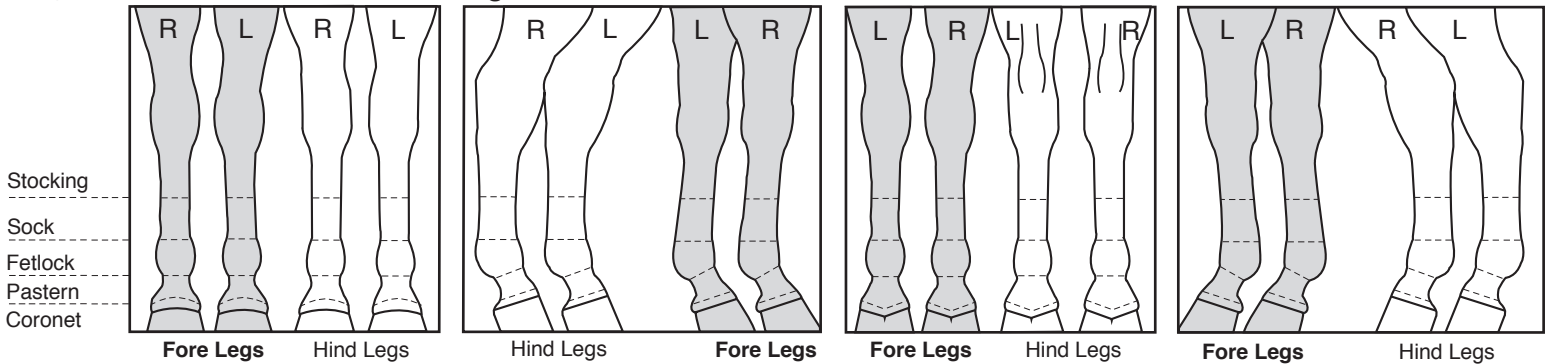
Legs

Front View

Right Side

Hind View

Left Side



* Please check all appropriate boxes.

* Please exercise care in completing the pink skin boxes for grey horses or processing will be delayed.

FACE	White Markings		Underlying Pink Skin (Grey Horses Only)		LEGS	White Markings		Underlying Pink Skin (Grey Horses Only)		Hoof Color (Check one)		
	Yes	No	Yes	No		Yes	No	Yes	No	Light	Dark	Parti
Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strip or Blaze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Lip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Lip and Chin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

NO WHITE MARKINGS (Please check this box if the horse has no white markings.)

BODY Markings, Tattoo, or Brand (if any)

Has this horse been freeze marked? Yes No If yes, complete the following:

A									
----------	--	--	--	--	--	--	--	--	--