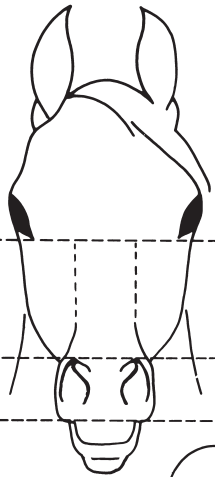




# Face

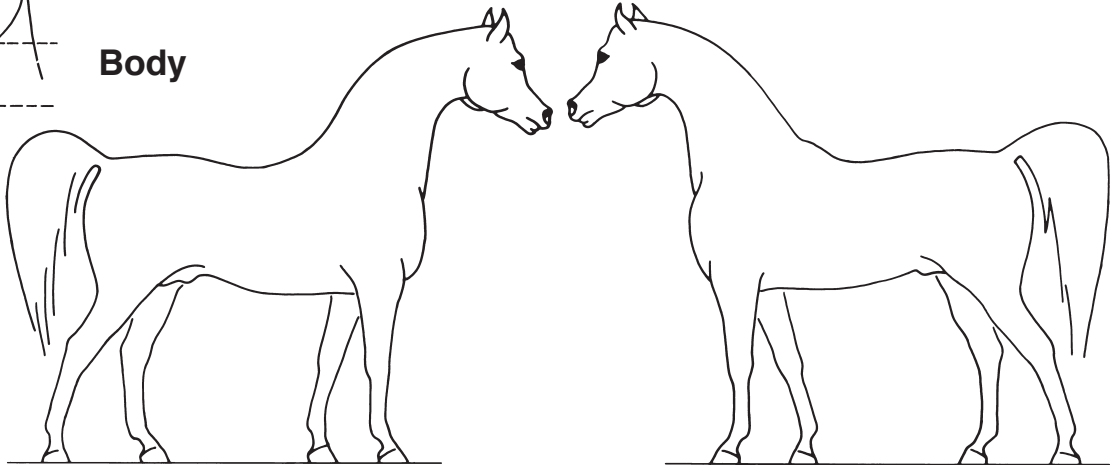
Star  
 ---  
 Strip or Blaze  
 ---  
 Snip  
 ---  
 Upper Lip, Lower Lip and Chin



# 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

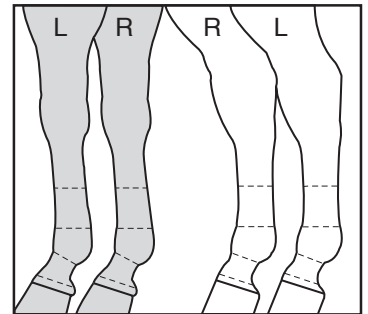
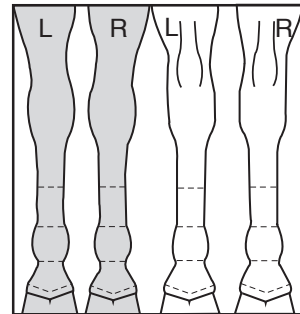
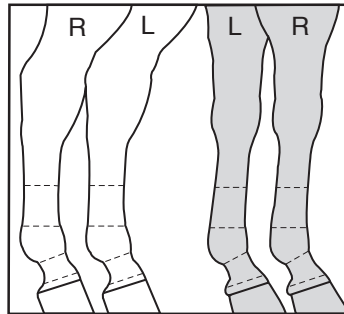
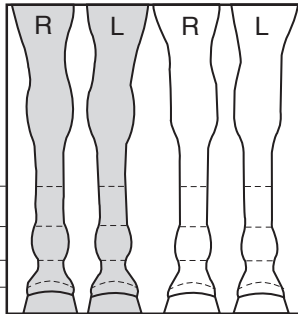
Front View

Right Side

Hind View

Left Side

Stocking  
 ---  
 Sock  
 ---  
 Fetlock  
 ---  
 Pastern  
 ---  
 Coronet



\* 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									
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