

**Transported/Stored Semen  
Registration Application**  
Arabian Horse Stud Book



**ARABIAN HORSE ASSOCIATION**  
 Mail to: PO Box 173886 | For FedEx & UPS: 10805 E Bethany Dr  
 Denver, CO 80217-3886 | Aurora, CO 80014  
 Phone: 303-696-4500 | Fax: 303-696-4599  
 ArabianHorses.org | info@ArabianHorses.org

Instructions:

- To be registered, any foal born in 2002 or later must qualify as the offspring of its sire and dam through DNA testing. If the sire or dam have not been DNA typed, DNA testing kits can be ordered using the boxes below:
    - Check this box to request DNA typing of the sire of this foal. -\$65.00
    - Check this box to request DNA typing of the dam of this foal. -\$65.00
    - The fee to DNA type this foal is included in the registration fee.\***
    - Foals born prior to 2002 may be parentage qualified using DNA or blood type testing.
  - Draw the markings of this foal on the reverse side of this application.
  - The recorded owner of the dam at time of foaling may transfer ownership of this foal by submitting a **Transfer for Eligible but Unregistered Foal** form with this application. Please enclose the \$15 transfer fee.
  - The recorded owner of the dam at time of breeding (the *Breeder*) may assign the designation of breeder by submitting an **Assignment of Breeder Designation** form with this application. Please enclose the \$15 assignment fee.
- \* **Date of birth to 6 months**      **Member \$100.00**      **Non-Member \$140.00**  
**6 months to 12 months**      **Member \$115.00**      **Non-Member \$155.00**  
**12 months to 24 months**      **Member \$190.00**      **Non-Member \$230.00**  
**After 24 months (non-refundable)**      **Member \$350.00**      **Non-Member \$390.00**

**Dam Owner's Certificate**

NAME:		1st Choice															DATE FOALED		
		2nd Choice															Month   Day   Year		
COLOR (Check One)	<input type="checkbox"/> Bay	<input type="checkbox"/> Chestnut	SEX (Check One)	<input type="checkbox"/> Mare	<input type="checkbox"/> Gelding:	Date	Month   Day   Year												
	<input type="checkbox"/> Black	<input type="checkbox"/> Grey		<input type="checkbox"/> Roan	<input type="checkbox"/> Stallion	Castrated	Month   Day   Year												
Sire of Foal					Reg. No.			Color (One Only)											
Dam of Foal					Reg. No.			Color (One Only)											

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

Signature of recorded owner (or authorized agent) of dam at time of foaling: PLEASE SIGN HERE      Date:

Telephone No. (   )                         Member/Owner #       Email

**Breeder's Insemination Certificate**

I certify that the semen I received was labeled or identified to me to have been collected from the stallion named:       Reg. No.

I further attest that the semen was inseminated into the mare named:       Reg. No.

on dates:       Year

Signature of recorded owner (or authorized agent or designated breeder) of dam at time of insemination: PLEASE SIGN HERE      Date:

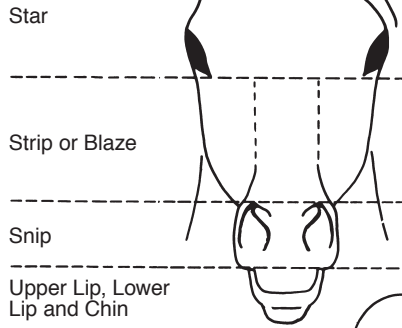
Telephone No. (   )                         Member/Owner #       Email

A signed **Transported/Stored Semen Service Certificate** must accompany this Registration Application. AHA issues Transported/Stored Semen Service Certificates to the stallion owner. **It is the dam owner's responsibility to obtain a signed Transported/Stored Semen Service Certificate from the owner of the sire.**

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](http://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.

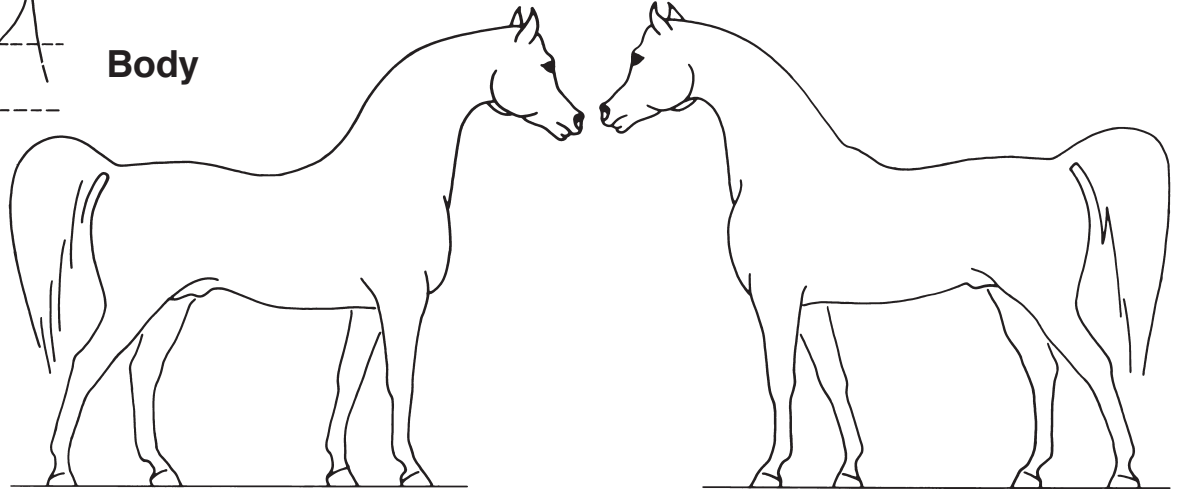
# Face



# 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



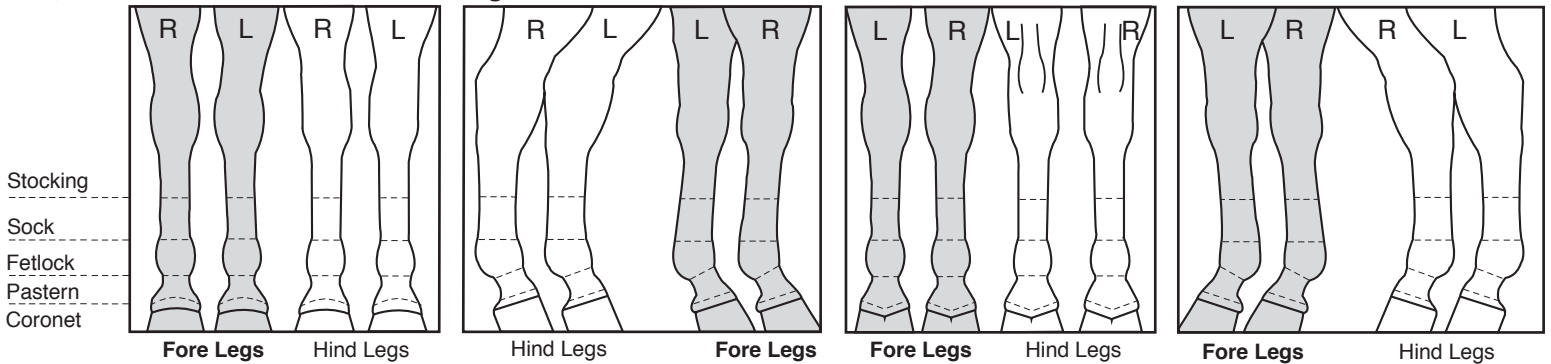
# Legs

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:

<b>A</b>									
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