



6030 Greenwood Plaza Blvd  
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ArabianHorses.org  
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303.696.4500

## HALF-ARABIAN / ANGLO-ARABIAN HORSE REGISTRATION APPLICATION

### HORSE INFORMATION

Foaling Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

	Name Requested (Maximum of 21 letters or spaces.)																				
1st Choice																					
2nd Choice																					

Sex: ☐ Stallion ☐ Mare ☐ Gelding

Date Gelded \_\_\_\_\_

Body Color: ☐ Bay ☐ Grey ☐ Chestnut ☐ Buckskin ☐ Dun ☐ Palomino ☐ Black

Photographs are required for the following color selections and/or patterns:

☐ Black Bay ☐ Brown ☐ Liver Chestnut ☐ Grullo ☐ Tobiano ☐ Overo ☐ Leopard ☐ Blanket ☐ Snowflake ☐ Roan

Breed (List Breed Registry or "Grade")\*

Registration #

Horse Name

Color

SIRE: \_\_\_\_\_

DAM: \_\_\_\_\_

\*For Half-Arabians, one parent must be a registered purebred Arabian with the Arabian Horse Registry or the Canadian Arabian Horse Registry. Additionally, the non-Arabian parent cannot be an "unregistered" purebred Arabian, registered Anglo-Arabian or registered Thoroughbred.

Anglo-Arabian applications must be accompanied with a copy of the Certificate of Registration for the Thoroughbred parent. For Half-Arabian applications, please submit a copy of the current Certificate of Registration for the non-Arabian parent (if registered).

### RECORDED OWNER OF DAM AT TIME OF FOALING

AHA Membership # \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

I certify that the above listed 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 AHA Handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RECORDED OWNER OF DAM AT TIME OF BREEDING

AHA Membership # \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

I certify that the mare listed above was bred to the stallion listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RECORDED OWNER OF SIRE AT TIME OF BREEDING

AHA Membership # \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Service dates: \_\_\_\_\_ Year \_\_\_\_\_

By: ☐ Natural (Hand) Service ☐ Artificial Insemination ☐ Pasture Breeding ☐ Transported Semen  
☐ Embryo Transfer - Choose the method of breeding above. (Verification of parentage is required. See AHA rules for embryo transfer)

I certify that the mare listed above was bred to the stallion listed above on the service dates I have provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

All applications and registrations are subject to AHA's Rules and Regulations. All persons completing or signing any portion of this application, or submitting this application, agree to abide and be bound by the Rules and Regulations. An incorrect certification may result in rejection or cancellation of this registration and in appropriate cases, disciplinary action against the persons involved. \*\*Verification of parentage to purebred Arabian parent is required on foals 2 years of age and older. (See AHA rules for further information).\*\*

**Draw Markings** -or- ☐ NO WHITE MARKINGS ON FACE OR LEGS

**Face**

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

**Legs**

**Front View**

R L R L

Fore Legs Hind Legs

**Right View**

R L L R

Hind Legs Fore Legs

**Left View**

L R R L

Fore Legs Hind Legs

**Hind View**

L R L R

Fore Legs Hind Legs

**Body**

Body Markings, Tattoo or Brand (if any)

**HOOF COLOR:**

	Light	Dark	Partial
Right fore leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Fore leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Glass Eye (blue)?

☐ NO ☐ YES: ☐ Left ☐ Right

## TRANSFER

If this horse is to be registered in a name other than the recorded owner of the dam at the time of foaling, please complete the following. Transfer fee is \$15 per transfer recorded.

Dam name \_\_\_\_\_ Registration # \_\_\_\_\_

Sire name \_\_\_\_\_ Registration # \_\_\_\_\_

Foaling date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sale date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Transfer ownership to:

Name \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

I (we) certify that all information above is correct to the best of my (our) knowledge and belief.  
I (we) further agree to transfer ownership of this horse to the person(s) listed above.

### Signature

(recorded owner of the dam at time of foaling ("and" ownership requires ALL signatures)

## FEES

Please logon to [www.ArabianHorses.org](http://www.ArabianHorses.org) for a current fee schedule or contact us at 303-696-4500.

	Member	Non-Member
Date of birth to 6 months	\$50	\$100
6 months to 12 months	\$65	\$115
12 months to 24 months	\$100	\$150
After 24 months (Non refundable)	\$200	\$250
Transfer of ownership	\$15	\$15
(Prices subject to change)		