



# Paso Fino Horse Association, Incorporated

1003 Twilight Trail Suite 2, Frankfort, KY 40601 p. (859) 689-3700 f. (859) 680-3702 www.pfha.org registration@pfha.org

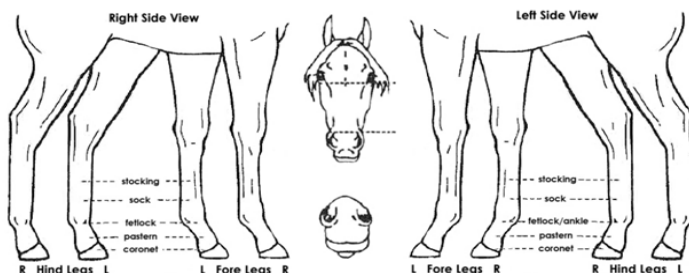
## DUPLICATE CERTIFICATE REQUEST AND TRANSFER APPLICATION

### Current Recorded Owner

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ PFHA #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Horse Horse's Registered Name: \_\_\_\_\_  
 Horse's Registration Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)  
 Sex of Horse:  Mare  Gelding  Stallion (Please select one) Date of Castration: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)  
 The Original Certificate of Registration for this horse was lost under the following circumstances:  
 \_\_\_\_\_  
 \_\_\_\_\_

Check here if no face markings  Check here if no leg markings



Color  Bay  Black  Brown  Buckskin  Chestnut  Cremello  
 Dun  Gray  Grulla  Palomino  Perlino  Roan  White  Pinto

Outline all markings of the horse on the diagram.  
 Select a base color from the options listed. If your horse is pinto, please also select a base color.

Please submit approximately three (3) color photos, showing the face, legs, both sides and any markings.

The original form and notarization must be MAILED to PFHA.

### Transfer:

#### New Recorded Owner(s) (Person(s) to whom the horse is being transferred):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ PFHA #: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ PFHA #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I, (we) the current recorded owner(s) do hereby attest that the information contained on this form is true and accurate to the best of my(our) knowledge, and the horse described on this form is alive and that the Certificate of Registration was lost as described above.

Additionally, if the Transfer Section of this form is completed, it is my understanding the duplicate Certificate of Registration will be recorded by the Paso Fino Horse Association, Inc. as such and issued in the new owners' name.

\_\_\_\_\_  
 (Signature of Recorded Owner)

\_\_\_\_\_  
 (Signature of Recorded Owner)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public in and for \_\_\_\_\_

County of \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\*Original form and notarization must be mailed to PFHA\*

**INSTRUCTIONS FOR PROCESSING THIS FORM:**

1. This form is used in the event that a Certificate of Registration has been lost and a transfer is pending. This form can be used for the sole purpose of obtaining a duplicate Certificate of Registration, pending all requirements are met.
2. Please include an explanation of the loss of the original certificate. All erasures or alterations on this form will require verification.
3. Upon approval by the PFHA Registry, a duplicate Certificate of Registration, so marked, will be issued to the recorded owner of the horse (or the new owner if Transfer Section has been completed).
4. The signature of the recorded owner, for both the transfer and the Duplicate Certificate must be notarized.
5. Please submit two (2) photographs of the horse. Outline all markings on the horse on the diagrams. Photos may be emailed to [registration@pfha.org](mailto:registration@pfha.org) with the name of the horse in the subject line.
6. Mail this form and payment of \$75.00 for the Duplicate Certificate and \$55.00 for the transfer of ownership for the horse to:

Paso Fino Horse Association; 1003 Twilight Trail Suite 2, Frankfort, KY 40601

**METHOD OF PAYMENT: (Do Not send cash.)**

Amount Due for Duplicate Certificate ONLY.	\$75.00 for members	\$125.00 for non-members	
Amount Due for Duplicate Certificate AND Transfer.	\$130.00-members	\$250.00 non-members	\$195.00 w/membership purchase

Amount Paid: \$ \_\_\_\_\_

Check/Money Order Payable to PFHA     VISA     MASTERCARD     AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

A 3% convenience fee on all credit card transactions will be applied