



Paso Fino Horse Association, Incorporated

1003 Twilight Trail Suite 2, Frankfort, KY 40601 (859) 689-3700 FAX (859) 689-3702 www.pfha.org

MICROCHIP ORDER FORM

HORSE BEING MICROCHIPPED:

Horse's Registered Name: _____ PFHA Registration Number: _____

RECORDED OWNER OF THE HORSE:

Last Name: _____ First Name: _____ Middle Initial ____ PFHA MEMBERSHIP NUMBER: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Fax: _____ E-Mail Address: _____

SHIPPING ADDRESS (If different than above):

Last Name: _____ First Name: _____ Middle Initial ____ PFHA MEMBERSHIP NUMBER: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Fax: _____ E-Mail Address: _____

METHOD OF PAYMENT: (Do Not send cash.) Check/Money Order Payable to PFHA VISA MASTERCARD AMEX

Amount Due is \$25.00 Amount Paid: \$ _____

Card Number: _____ Expiration Date: _____ Security Code: _____

Card Holder's Name: _____

Card Holder's Address: _____

Card Holder's City: _____ State: _____ Country: _____ Zip: _____

Card Holder's Home Phone: _____ Cell Phone: _____ Work Phone: _____

Card Holder's Fax: _____ E-Mail Address: _____

Card Holder's Signature: _____

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

INSTRUCTIONS:

1. Mail this form and payment of \$25.00 to:
Paso Fino Horse Association; 4067 Iron Works Parkway, Lexington, KY 40511