



Paso Fino Horse Association, Incorporated

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

SHOW VALIDATION APPLICATION

HORSE BEING SHOWN: Horse's Name: _____
 Horse's Registration Number: _____ Date of Birth: ____/____/____ (MM/DD/YYYY)
 Sex of Horse: (Please circle one) Mare Gelding Stallion Microchip Number (If applicable) _____
 State or Country of Origin: _____ Registered in what Country: _____
 Name of Accepted Registry: _____
 Dam's Name _____ Dam's Registration Number: _____
 Sire's Name _____ Sire's PFHA Registration Number: _____
 Please attach at least 4 or 5 color photos of the horse showing the face, fore and hind legs, and both sides of the body.
 If there are any other features to be noted on the certificate, please provide a photograph showing these features.
 Please list any distinctive markings on the horse: (e.g., dorsal stripe, ermine spots, etc.) _____

OUTLINE ALL MARKINGS OF THE HORSE ON THESE DIAGRAMS

Check here if no face markings

Check here if no leg markings

Right Side View

Left Side View

Right Side

Left Side

COLOR (Check One)

<input type="checkbox"/> Albino	<input type="checkbox"/> Bay	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Buckskin	<input type="checkbox"/> Chestnut	<input type="checkbox"/> Cremello
<input type="checkbox"/> Dun	<input type="checkbox"/> Gray	<input type="checkbox"/> Grulla	<input type="checkbox"/> Palomino	<input type="checkbox"/> Perlino	<input type="checkbox"/> Pinto	<input type="checkbox"/> Roan

OWNER OF THE HORSE: PFHA MEMBERSHIP NUMBER: _____
 Last Name: _____ First Name: _____ Middle Initial _____
 Farm or Business (If applicable) _____ Farm's PFHA 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 \$125 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: _____

INSTRUCTIONS:

- This application is strictly for the issuance of a Show Validation Certificate and is not for registration into the Paso Fino Horse Association's registry.
- Mail this form and payment of \$125.00 to:
 Paso Fino Horse Association; 1003 Twilight Trail Suite 2, Frankfort, KY 40601
 A 3% convenience fee on all credit card transactions will be applied