



Paso Fino Horse Association, Incorporated

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

STATEMENT OF INDEMNITY

REGISTERED NAME OF THE HORSE: _____ **PFHA Registration Number:** _____

The State of _____ County of _____

The undersigned agrees to indemnify and hold harmless the Paso Fino Horse Association, Inc. from any and all claims or causes of action, including costs and attorney fees, liability, whenever or however arising, which relate in any manner to the undersigned's requested change of the Paso Fino Horse Association records regarding ownership of the captioned horse.

AUTHORIZED PARTY: _____ **PFHA Membership Number :** _____

Last Name: _____ **First Name:** _____ **Middle Initial** _____

Address: _____

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

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

Fax: _____ **E-Mail Address:** _____

Signature of Authorized Party _____ **Date:** _____ (MM/DD/YYYY)

The State of _____ County of _____

Before me this day personally appeared the above affiant who by me being duly sworn upon oath says that the statements set forth above are true and correct.

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public in and for _____

County of _____

Signature of Notary _____

INSTRUCTIONS:

1. Mail the ORIGINAL of this form to:
Paso Fino Horse Association; 1003 Twilight Trail Suite 2, Frankfort, KY 40601