Paso Fino Horse Association, Incorporated

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

Horse Registration Application

DOCUMENT CHECK LIST:

- ☐ Registration Application **completed in its entirety**
- ☐ Importation Papers (if horse was imported into the US)
- ☐ Copy of Certificate of Registration of sire and/or dam, if not registered with PFHA.
- ☐ Applicable Registration and Membership Fees
- ☐ 4 photos of the horse (one from each side)

Additional documents or information may be requested after application is reviewed.

SECTION 1 – COMPLETE INFORMATION OF HORSE TO BE REGISTERED Given name choice is not to exceed 35 characters, including spaces and punctuation. No numerals, symbols, or Jr./Sr. If registered with Accepted Registry, name must appear the same as with that Registry.

1st Choice

2nd Choice

State/Country Foaled: _____ **Foaling Date: mm/dd/yyyy)** _____/_____/_____

CHECK ONE: ☐ Horse Foaled in 50 United States ☐ Horse maintained outside US

☐ Horse Imported – Date Imported _____/_____/_____ (importation papers required)*

Sex (check one): ☐ Mare ☐ Stallion ☐ Gelding Date gelded: (mm/dd/yyyy) _____/_____/_____

DNA TEST KIT ORDER

CHECK ONE: ☐ $71 DNA Kit by Mail to: _____

☐ $61 DNA Kit by E-Mail to: _____

☐ Check here if previously purchased DNA kit for this horse. DNA #: _____

BREEDING METHOD AND DATE:

CHECK ONE: ☐ Natural (hand service) ☐ Pasture Exposure ☐ Artificial Insemination

Date of Breeding/Insemination (mm/dd/yyyy): _____/_____/_____ **to** _____/_____/_____ **EMBRYO**

TRANSFER: $500 fee applied for foals born in 2009 or later.

Date of Embryo Transfer (mm/dd/yyyy): _____/_____/_____*Embryo Transfer Permit Form & $500.00 Fee Also Required.

SECTION 2 – BREEDER'S CERTIFICATE

I hereby certify that the sire listed below was bred to the dam listed below.

Sires Name (print): _____ **Reg. #** _____

Dams Name (print): _____ **Reg. #** _____

Signature of recorded owner(s), lessee, or authorized agent of SIRE at the time of BREEDING:

SIGNATURE **MEMBER #** **SIGNATURE** **MEMBER #**

Signature of recorded owner(s), lessee or authorized agent of DAM at the time of BREEDING:

SIGNATURE **MEMBER #** **SIGNATURE** **MEMBER #**

SECTION 3 – ORIGINAL OWNER OF FOAL (Recorded Owner of Dam at Time of Foaling) ***PLEASE SEE SECTION 5**

With the following signature, I verify that:

1. I am aware and agree to abide by the rules and procedures of the Paso Fino Horse Association and its registry.
2. Acceptance and deposit of the enclosed fee DOES NOT constitute acceptance for registration.
3. I hereby certify that all information on this application is true and correct to my personal knowledge.

Print Owner(s) Name Here: _____

Signature of recorded owner(s), lessee or authorized agent of DAM at the time of FOALING:

SIGNATURE **MEMBER #** **SIGNATURE** **MEMBER #**

SECTION 4 – DESCRIPTION ***PHOTOS MUST BE SUBMITTED BEFORE REGISTRATION IS COMPLETED***

Provide approximately 3-4 color photos, showing the face (forelock pulled aside), legs, both sides and any markings. Outline all markings below or select if there are no markings.

☐ **Check here if no face markings**

☐ **Check here if no leg markings**

Description of Markings, Scars, Brands or Unusual Markings: _____

_____

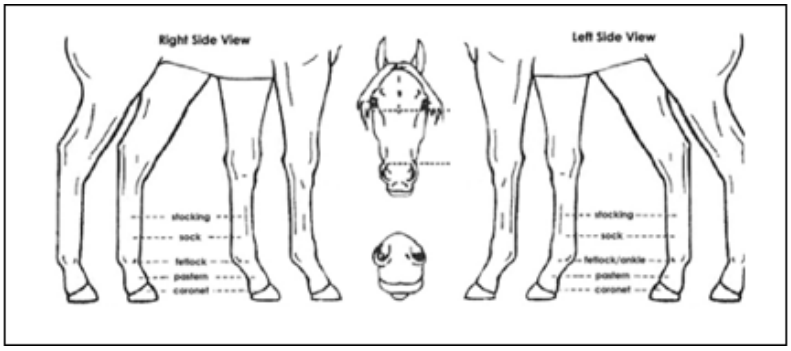
_____

_____

_____

Microchip Number to record on Registration:

_____



COLOR:

☐ Bay ☐ Black ☐ Brown ☐ Buckskin ☐ Chestnut ☐ Cremello ☐ Dun ☐ Gray ☐ Grulla ☐ Palomino ☐ Perlino ☐ Roan ☐ White
☐ Pinto (if pinto, please also check base color above)

SECTION 5 – TRANSFER AT TIME OF REGISTRATION – REQUIRES ADDITIONAL FEE LISTED IN SECTION 7*

This section must be completed if the recorded owner of the dam at the time of foaling (section 3) is different than the name to be listed on this Certificate of Registration. I/We, the undersigned seller(s), hereby authorize the Registry to transfer the applicant horse on this registration, when registered, to the buyer(s) indicated below:

Signature of Seller (Recorded owner of the Dam at the time of foaling):

_____ _____ _____ _____

SIGNATURE **MEMBER #** **SIGNATURE** **MEMBER #**

Print Buyer'(s) Name(s) Exactly as shown on PFHA Membership:

_____ _____ _____ _____

PRINT NAME **MEMBER #** **PRINT NAME** **MEMBER #**

SECTION 6 – SHIPPING INFORMATION All Certificates of Registration will be mailed to the current address on file for the first listed owner. If this information has changed or if the certificate should be mailed to another owner or agent, please list the address below.

Name/Address: _____

SECTION 7 – FEES, PAYMENT AND ADDITIONAL OPTIONAL ORDERS Registration rates are dependent on the age of the applicant horse and are calculated from foaling date to postmark date.

Registration Fees with Microchip:

☐ Check if horse already has a microchip number & additional $25 fee will be waived. Microchip number must be provided order to not be charged.

☐ Chip Number_____

☐ $100.00: 0-180 Days from Foaling (0-6 months)

☐ $130.00: 181-360 Days from Foaling (6 months – 1 year)

☐ $160.00: 361-720 Days from Foaling (1 year – 2 years)

☐ $280.00: Over 720 Days from Foaling (over 2 years)

☐ $50.00: Non PFHA Registered Parent Fee ($50 each parent)

Transfer of Ownership Fees:

☐ $55.00: Transfer at time of Registration (Section 5)

DNA Kit Fees:

☐ $61.00: E-Mailed DNA Kit

☐ $71.00: Mailed DNA Kit

Additional Fees:

☐ $500.00 Embryo Transfer Permit Fee

☐ $20.00: USPS Priority Mailing Fee

Expedited Registrations

☐ $75.00: Rush Fee (within 6 to10 days)

☐$125: Rush Fee (within 3 to 5 days)

☐$250.00: Rush Fee (within 48 hours)

TOTAL DUE $ _____

PFHA Fabulous Futurity Program Enrollment/Payment:

All Futurity horses must have Association ordered microchip.

NEW ENROLLMENTS: If not yet enrolled in the Futurity

☐ $75.00 Weanling Nomination (by 12/31 of weanling year)

☐ $150.00 Yearling Nomination (by 12/31 of yearling year)

☐ $1,500.00 2 YO Nomination (by 8/1 of 2 YO year)

☐ $475.00 Full Program Pre-Payment Option (by 12/31 of weanling year)

☐ $550.00 Full Program Pre-Payment Option (by 12/31 of yearling year)

☐ $600.00 Full Program Pre-Payment Option (by 12//31 of 2 YO year)

TOTAL DUE: $ _____

_____ I would like to enroll this horse in the Full Circle Program. I will be notified if ever the horse is in trouble in the future

Payment Information: ☐ Check ☐ Visa ☐ Mastercard ☐AMEX

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

$_____ PAYMENT AAMOUNT

_____

CARDHOLDER NAME

_____

CARD NUMBER EXP.DATE CW

_____

PHONE NUMBER EMAIL ADDRESS