



AMERICAN DUTCH HARNESS HORSE ASSOCIATION, INC.

Application for REGISTRATION

OFFICE USE ONLY

Check#	
Amount	
Outstanding	
Date Rec.	

Name: _____ Date of Birth: _____

Minimum of 3 letters Maximum of 40 letters

Sex: (check one) Filly/Mare Stallion Gelding (Date Gelded: _____)

Color: _____ Markings: (Brief Description) _____ Head: _____

Right Front Leg: _____ Left Front Leg: _____

Right Hind Leg: _____ Left Hind Leg: _____

Body: _____

Please draw in markings at bottom of page.

BREEDER

Name of Breeder/Owner/Leasee of Mare at time of breeding: _____

Signature of Breeder/Owner/Lessee of mare at time of breeding: _____

Address: _____

Sire of Foal name: _____ Breed: _____ Registration _____

Dam of Foal name: _____ Breed: _____ Registration _____

In making this application for registration of the above described animal, it is understood that the above information given is correct to the best of my knowledge. If it is incorrect, then ADHHA may, at its discretion, omit the pedigree or publish it in the correct form. It is further understood that should the above pedigree be published in the ADHHA registry prior to the discovery of any error, the association may cancel the entry and publish the correction in such form as the pedigree committee may determine. It is further understood that ADHHA will not be held responsible for any loss or damage that may arise through the inaccuracy, omission, or alteration of the above pedigree or the cancellation of the entry.

OWNER

I, being the owner of the above described animal, declare that the above pedigree is to the best of my knowledge, true and correct.

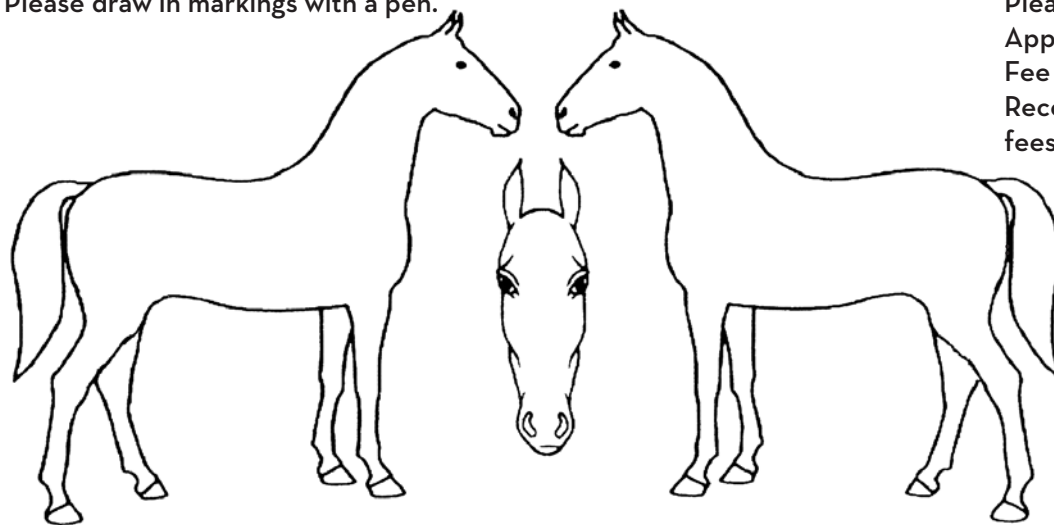
Signature of owner of above described animal: _____

Owner's Address: _____

Today's Date: _____ Phone #: _____ ADHHA Membership # _____

Owner's Signature: _____

Please draw in markings with a pen.



Please send this Registration Application with Registration Fee as well as the Broodmare Recording Application and fees, (if Dam is not already a Recorded/Reg. mare with ADHHA.) to this address ADHHA • 455 E. Farver Street • Shipshewana IN 46565

Registration Fee: Members \$50.00 • Non-Members \$100.00 • Late Fee—Over 2 years old & older • Members \$25.00 • Non-Members \$50.00

Check Enclosed Credit Card CCV Code _____ If CC, Card Number _____

Exp. Date: _____/_____/_____ Signature _____ Printed Name _____

If check, please make checks payable to ADHHA and send to: 455 E. Farver Street • Shipshewana IN 46565 • 260-350-0988