AMERICAN DUTCH HARNESS HORSE ASSOCIATION

455 E. Farver Street, Shipshewana, IN 46565
Phone: (260) 350-0988 • Fax: (260) 572-2462 • Email: office@adhha.org

REGISTRATION APPLICATION
All Sections Must Be Fully Completed

HORSE DETAILS

☐ **Mare** ☐ **Stallion** ☐ **Gelding**

Foaling Date MM / DD / YYYY

1st Name Choice _____

2nd Name Choice _____

SIRE of horse _____ **ADHHA Reg. #** ☐☐ – ☐☐☐☐

DAM of horse _____ **ADHHA Reg. #** ☐☐ – ☐☐☐☐

ASSISTED REPRODUCTION ☐ Transported Semen ☐ Frozen Semen ☐ Embryo

OWNER DETAILS

Owner's Name *(Please Print)* _____

Signature _____ **ADHHA #** ☐☐☐☐☐

Address _____

Phone # ☐☐☐ – ☐☐☐ – ☐☐☐☐ Email _____

BREEDER INFO

Owner/Lessee of DAM at time of service *(Please Print)* _____

Address _____ **ADHHA #** ☐☐☐☐☐

Phone # ☐☐☐ – ☐☐☐ – ☐☐☐☐ Email _____

FOALED BY

If the "Foaled By" section is someone other than the "Owner Details" section, a Transfer Form with payment must be included FROM THE OWNER AT THE TIME OF FOALING

Name *(Please Print)* _____ Phone # ☐☐☐ – ☐☐☐ – ☐☐☐☐

Address _____

DNA KIT

Please note that all breeding stallions and all foals born in 2020 or later are REQUIRED to be DNA profiled

Send DNA test kit to: ☐ Owner's Address ☐ Owner's Email ☐ Other Email ☐ Other Address (please fill out name and address below)

Other Name _____

Other Address _____

1st Name Choice _____ **2nd Name Choice** _____

MARKING DESCRIPTION

BODY COLOR	FACE	LEGS
☐ Bay	☐ Star	☐ Front Right
☐ Black	☐ Strip/Stripe/Blaze	☐ Front Left
☐ Black Bay	☐ Snip/Upper Lip	☐ Hind Right
☐ Chestnut	☐ White/Lower Lip	☐ Hind Left
☐ Grey	☐ No Markings	☐ No Markings
☐ Other _____	☐ Other _____	

RIGHT   *LEFT*

R   L   L   R   L   R   R   L

PAYMENT DETAILS

HORSE AGE	MEMBER FEE	NON-MEMBER FEE	ADHHA MEMBERSHIP	FEE
0 months to 12 months	☐ $65	☐ $145	Annual	☐ $100
12 months to 24 months	☐ $100	☐ $175	Four Year	☐ $300
24 months and older	☐ $200	☐ $275	Lifetime	☐ $1000

If DNA Profiling, select only one option

DNA PROFILING	FEE	
DNA	☐ $50	
DNA & Homozygous	☐ $80	
Transfer from U.C. Davis	☐ $0	Case # _____
USTA DNA Transfer	☐ $25	

The age of the animal is based on the date the horse was foaled.

NO APPLICATION WILL BE PROCESSED UNTIL ALL FEES ARE PAID

PAYMENT INFORMATION 4% added for credit/debit

☐ Check # _____   ☐ Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp. Date ☐☐ / ☐☐   CCV# ☐☐☐   Zip Code ☐☐☐☐☐   **TOTAL FEES** $ _____

Name on Card _____   **Signature** _____