



Application for REGISTRATION

AMERICAN DUTCH HARNESS HORSE ASSOCIATION, INC.

OFFICE USE ONLY

Check#	
Amount	
Outstanding	
Date Rec.	

Complete both sides, please print or type.

Minimum of 3 letters, Maximum of 40 letters

Date of Application: _____

Name Choice 1: _____ Date of Birth: _____

Name Choice 2: _____

Sire of Foal: _____ Breed: _____ Registration # _____

Dam of Foal: _____ Breed: _____ Registration # _____

Sex of Foal: Stallion Mare Gelding Date altered: _____

Color of Foal: Chestnut Bay Black Gray Other: _____

If Assisted Reproduction: Transported Fresh Semen Frozen Semen Embryo Oocyte

OWNER OF FOAL: to be completed by the current owner of the foal at the time of Application. If applicant was not the Owner / Lessee of the Dam at the time of FOALING, also the below UNREGISTERED FOAL TRANSFER must be completed by the Owner/Lessee of the Dam at the time of Foaling.

In making this application for registration of the above described horse, 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 a corrected form. It is further understood that ADDHA upon discovery of any error at any time, may cancel the entry and publish the correction in such form as the Blood Verification Committee determines. It is further understood that ADHHA will not be held responsible for any loss or damages that may arise through the inaccuracies, omissions or alterations of the above pedigree or the cancellation of the entry.

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

Name of Owner of Foal (print): _____

Address: _____

Email address: _____ Phone# _____

Signature X _____ ADHHA Member# _____

Signature X _____ ADHHA Member# _____

_____ **If Needed** _____

UNREGISTERED FOAL TRANSFER: This form is to be used if the owner of the foal is different from the recorded owner of the dam at the time of foaling. Transfer fees will not apply if filed with the Registry within 24 months of foal's birth.

Foal transferred to: _____ ADHHA Member# _____

Address: _____

Email address: _____ Phone # _____

Signatures of Recorded Owner of Dam at time of Foaling: X _____

ADHHA Member # _____ X _____

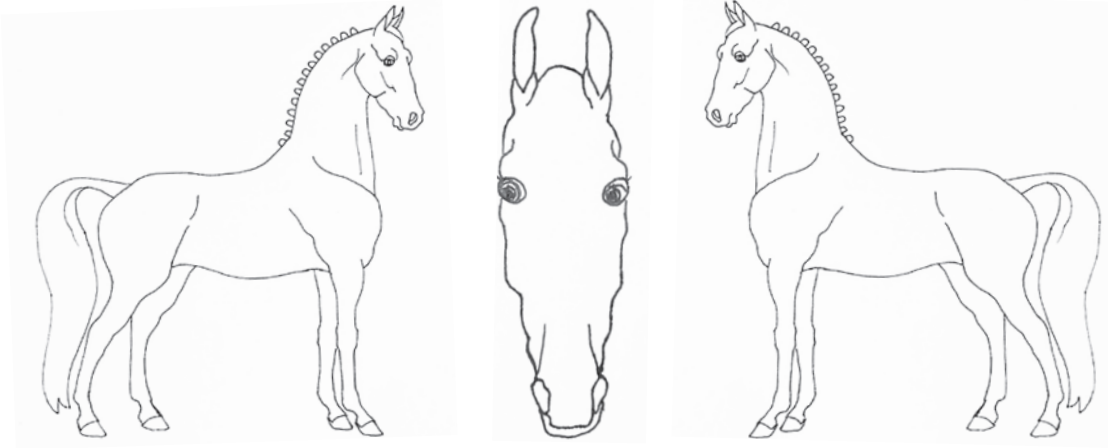
Ownership EFFECTIVE Date as of (REQUIRED) _____ (foaling date may be used)

SEE BACK SIDE OF THIS FORM ON NEXT PAGE

BACK SIDE OF REGISTRATION FORM

MARKINGS: All white markings should be indicated. Be careful that diagrams are accurate. Photos may be sent.

Please use a pen to draw markings.



Head: _____

Body: _____

Other: _____

Right Front Leg: _____ Left Front Leg: _____

Right Hind Leg: _____ Left Hind Leg: _____

BREEDER'S CERTIFICATE (by Stallion owner if necessary)

This form may be used if there is no Stallion Report or if the Withhold box on the Stallion Report was checked.

Name of Stallion: _____ Breed: _____ Registration # _____

Owner of Dam at time of Breeding: _____ Breeding Year: _____

Natural Service (in hand) dates: _____

Pasture dates: From _____ to _____ Artificial insemination dates: _____

SIGNATURE of Recorded Owner/Lessee/Agent of Stallion at time of Breeding:

X _____ Date issued: _____

Printed: _____ Phone # _____

DNA: 2020 foals, and all foals thereafter, must order DNA test kit with this Application for Registration. On a voluntary basis, you may DNA all horses at any time to help build full parentage profiling, on separate DNA request form.

Send DNA test kit to: Owner's address Owner's Email Other Email: _____

If not owner: Name: _____

Address: _____

PLEASE send this Registration Application with all fees. Both Stallion and Broodmare must be either Recorded or Registered with ADHHA. Send Stallion and Mare recording or Registration forms with this application, if needed.

REGISTRATION FEES: Birth to 24 months for Members	\$50.00 <input type="checkbox"/>	DNA Test Kit & Lab Results	\$40.00 <input type="checkbox"/>
Non Members	\$100.00 <input type="checkbox"/>	Homozygous black with DNA	\$70.00 <input type="checkbox"/>
Over 24 months for Members add	\$25.00 <input type="checkbox"/>	Annual Membership	\$100.00 <input type="checkbox"/>
Non Members add	\$50.00 <input type="checkbox"/>	Four-Year Membership	\$300.00 <input type="checkbox"/>
Unregistered foal over 24 months add	\$25.00 <input type="checkbox"/>	Lifetime Membership	\$1,000.00 <input type="checkbox"/>

3% Credit Card Processing Fee

Total Fees: \$ _____ Check Credit Card # _____ Exp Date: _____ CCV # _____

Zip Code: _____ Signature X _____ Print: _____

**Remit to: ADHHA 455 E. Farver Street, Shipshewana IN 46565
Questions: (260) 350-0988 • email: adahas17@gmail.com • www.adhha.org**