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

RECORDING APPLICATION

OFFICE USE ONLY

Check #	
Amount	
Outstanding	
Date Rec.	

HORSE/OWNER DETAILS

☐ **Mare** ☐ **Stallion** ☐ **Gelding** Foaling Date ☐☐ / ☐☐ / ☐☐☐☐ *(DD/MM/YYYY)*

Horse Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Owner's Name *(Please Print)* _____

Signature _____ **ADHHA #** ☐☐☐☐☐☐

Address _____

Phone # ☐☐☐ – ☐☐☐ – ☐☐☐☐ Email _____

PEDIGREE DETAILS

When possible, please include a copy of the horse's registration certificate

Horse Name *(Please Print)*

SIRE & Breed

GRAND SIRE & Breed

GRAND DAM & Breed

DAM & Breed

GRAND SIRE & Breed

GRAND DAM & Breed

DNA PROFILING

Please note that all breeding stallions 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 _____

☐ **Transfer DNA From U.C. Davis** *+$0*
KWPN North America, Saddlebred, Morgan, American Hackney, & Friesians

☐ **Transfer DNA from a lab other than U.C. Davis** *+$25*

Case # _____

OPTIONAL TESTING

☐ Homozygous Black *+$30* ☐ JEB *+$40*

You may record a horse that you do not own but you must record that horse using the current owner's name & address as the owner details.

RECORDING APPLICATION

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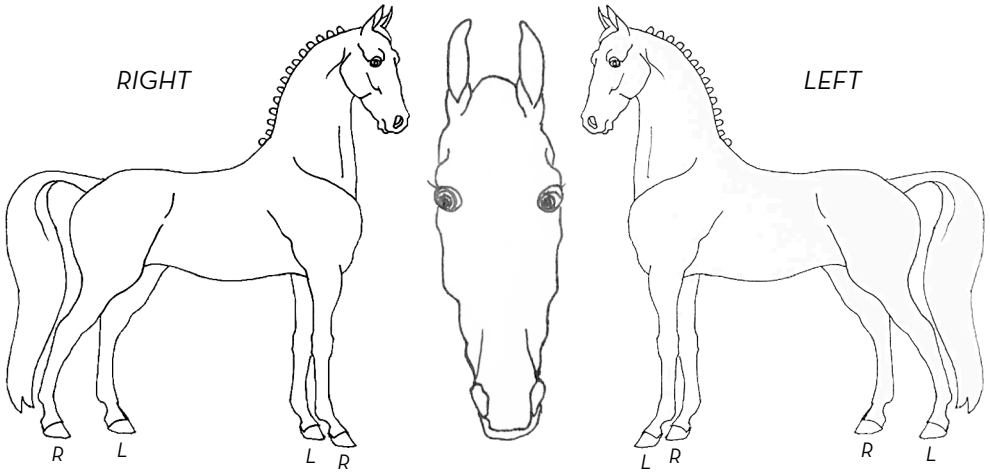
MARKING DESCRIPTION

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

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 _____	



PAYMENT DETAILS

	MEMBER FEE	NON-MEMBER FEE
Horse Recording	☐ $50	☐ $100

ADHHA MEMBERSHIP	FEE
Annual	☐ $100
Four Year	☐ $300
Lifetime	☐ $1000

If DNA Profiling, select only one option.

DNA PROFILING	FEE
DNA	☐ $40
DNA & Homozygous	☐ $70
DNA & JEB	☐ $80
Transfer from U.C. Davis	☐ $0
Other DNA Transfer	☐ $25

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** _____