

Phone #

## AMERICAN DUTCH HARNESS HORSE ASSOCIATION

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

Check #	
Amount	
Outstanding	
Date Rec.	

## **REGISTRATION APPLICATION**

	□ Mare □ Stallion □ Gelding Foaling Date □ □ / □	
2	1st Name Choice	
	2nd Name Choice	
SE D	SIRE of horse	ADHHA Reg. #
HORS	DAM of horse	ADHHA Reg. #
	ASSISTED REPRODUCTION	
	□ Transported Semen □ Frozen Semen □ Embryo	□ Oocyte
WNER DETAILS	Owner's Name (Please Print) Signature Address	ADHHA #
OWNER DETAILS	Signature	ADHHA #
OWNER DETAILS	Signature	ADHHA #

Please note that all breeding stallions and all foals born i Send DNA test kit to: Owner's Address Owner's Email		
Other Name		
Other Address <b>Transfer DNA From U.C. Davis</b> +\$0 KWPN North America, Saddlebred, Morgan, American Hackney, & Friesians	□ Transfe	r DNA from a lab other than U.C. Davis +\$2
Case #		

Email .



MARKING DESCRIPTION

## **REGISTRATION APPLICATION**

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1st Name Choice		2nd Name Choice		
BODY COLOR		FACE	LEGS	
🛛 Вау		□ Star	Front Right	
🛛 Black		□ Strip/Stripe/Blaze	🗆 Front Left	
🛛 Black Bay		□ Snip/Upper Lip	□ Hind Right	
Chestnut		☐ White/Lower Lip	□ Hind Left	
Grey Grey		No Markings	🛛 No Markings	
□ Other		Other		
	RIGHT	L R	LEFT LEFT	
HORSE AGE	MEMBER FEE	NON-MEMBER FEE	ADHHA MEMBERSHIP FEE	

More than 24 months	\$50 \$100		ADHHA MEMBERSHIP Annual Four Year Lifetime	
If DNA Profiling, select only one on <b>DNA PROFILING</b>	FEE			
DNA DNA & Homozygous DNA & JEB Transfer from U.C. Davis Other DNA Transfer			nal is based on the date the horse was foo BE PROCESSED UNTIL ALL FE	
PAYMENT INFORMA	TION 4% added for credit/de	bit		
Check #  Exp. Date /	CCV#	Zip Code	TOTAL FEES \$	
Name on Card		Signatu	re	