



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.	

TRANSFER FORM

This form is intended to be filled out, sent in, and paid for by the current recorded owner OR a sale committee member after the current recorded owner has signed off. THE ORIGINAL REGISTRATION CERTIFICATE MUST ACCOMPANY THIS FORM.

BUYER

I/We certify that on / / I/We sold to _____

ADHHA # Address _____

City, State, Zip _____ Phone # _____

SELLER

Name of Horse *(Please Print)* _____ **ADHHA Reg./Rec. #** -

I/We hereby authorize the transfer of ownership as above to be recorded.

Signature(s) _____ **ADHHA #**

Address _____

Phone # - - Email _____

BRED BEFORE SALE

I/We certify that on / / the above mare was bred to the stallion listed below:

Name of Stallion *(Please Print)* _____

Reg./Rec. # _____

Name of registry Stallion is registered with _____

Today's Date / /

PAYMENT DETAILS

MEMBER FEE \$35 **NON-MEMBER FEE** \$70

NO TRANSFER WILL BE PROCESSED UNTIL THE FEE IS PAID & THE ORIGINAL REGISTRATION CERTIFICATE IS IN THE OFFICE.

PAYMENT INFORMATION 4% added for credit/debit

Check # _____ Card #

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

Name on Card _____ **Signature** _____



The most recent owner listed on the registration certificate is the only valid signature to transfer a horse into another name. Make sure the seller and the owner match.

