

Transfer of Foal

- ◆ This section must be filled out completely if the current foal owner is different than the dam owner at time of foaling.
- ◆ Transfer fee of \$15 applies.
- ◆ Any alteration may necessitate a new transfer.
- ◆ APHA will not knowingly skip transfers of ownership.
- ◆ Additional forms are available for additional changes in ownership at apha.com/forms.
- ◆ Seller's signature is required for the transfer to be valid.
- ◆ When a foal is transferred, a membership must be held or purchased in exactly the same name as that under which the foal is to be owned to obtain reduced member rates. (See fee schedule in APHA Rule Book.)

Foaling Year: _____

Sire (Name must be spelled out): _____

Dam (Name must be spelled out): _____

Buyer's name: _____
(Must not exceed 30 characters, including letters and spaces.)

Buyer's APHA ID No.: _____

Daytime phone: _____ E-mail: _____

Buyer's Address: _____

City: _____ State: _____ Zip: _____

I/we (owner of the dam at time of foaling) hereby authorize APHA to transfer the foal described on this application when registered to the buyer listed above.

Signature of Seller **X** _____ Date of Sale: _____ / _____ / _____

APHA Breeders Trust Program

- ◆ Breeders Trust is an incentive program for horses competing in APHA-approved events.
- ◆ Breeders Trust rewards everyone involved in the foal's competitive success.



Foal Nomination

Check the appropriate box. (Payment must be in U.S. Funds Only.) Only foals by subscribed stallions are eligible to participate.

- By Dec. 31 of Foaling Year—\$100 By Dec. 31 of Yearling Year—\$400 3-Years and Older - \$1300
 By 12th Month of Age*—\$200 By Dec. 31 of 2-Year-Old Year—\$800

*Must be postmarked by birthdate.

Name of foal nominator, please print: _____

Nominator's U.S. Social Security Number or Federal Tax ID Number: _____

DNA Kit Request

- ◆ Please note that DNA verification is required if the foal is the product of breeding by transported semen, frozen semen, embryo transfer, oocyte transfer or vitrified embryo. You may also request DNA for parentage verification, racing or breeding purposes.
- ◆ If you have a QH or TB stallion or mare that has been genetically tested, we will accept those results if on file with APHA's official laboratory.
- ◆ For parentage verification, both the dam and foal must be tested. Order two test kits if the dam has not been genetically tested.

- Kit for foal only, dam already on file Kits for both foal and dam

Why are you requesting a DNA kit?:

- Foal is the product of transported cooled/frozen semen
 Foal is the product of embryo transfer, oocyte transfer, vitrified embryo
 Breeding purposes only Foal is a race horse Parentage verification

Please mail kits to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fee Schedule

- ◆ Fees are based on the date application is post-marked and age of horse at the time submitted. Postal meters are not accepted.
- ◆ The age of a horse is computed by the calendar year starting on January 1 of the year foaled.
- ◆ Average registration completion times range from two to 14 weeks, depending on time of year submitted. If you wish to have your registration completed sooner, a rush service is available. Following is required on rush work:
 1. Envelope marked "RUSH"
 2. Daytime phone number
 3. Certified funds or a credit card payment
- ◆ The rush fee will not be refunded.
- ◆ Minimum processing time for a rush registration is 10 working days from date received.
- ◆ Fees subject to change without notice.
- ◆ An office processing fee will be charged on all registration work not processed to completion.

Regular Registry

US Funds Only

Member

- | | |
|---|-------|
| <input type="checkbox"/> 0-90 days after foaling or June 30 of the calendar year foaled, whichever is later | \$25 |
| <input type="checkbox"/> July 1 – Sept. 30 of the year foaled | \$35 |
| <input type="checkbox"/> Oct. 1 – Dec. 31 of the year foaled | \$50 |
| <input type="checkbox"/> Yearling Year | \$100 |
| <input type="checkbox"/> 2-Year-Old Year | \$250 |
| <input type="checkbox"/> 3-Year-Old Year and Older | \$500 |
| <input type="checkbox"/> Rush registration requires an additional | \$50 |

Solid Paint-Bred Registry

Member

- | | |
|---|-------|
| <input type="checkbox"/> 0-90 days after foaling or June 30 of the calendar year foaled, whichever is later | \$15 |
| <input type="checkbox"/> July 1 – Dec. 31 of the year foaled | \$25 |
| <input type="checkbox"/> Yearling and 2-Year-Old Year | \$50 |
| <input type="checkbox"/> 3-Year-Old Year and Older | \$100 |
| <input type="checkbox"/> Rush registration requires an additional | \$50 |

Registration deadlines for south of the equator can be found in the APHA Rulebook Rule RG-110.

Other Fees

Member

- | | |
|--|------|
| <input type="checkbox"/> Transfer Fee | \$15 |
| <input type="checkbox"/> QH/TB Mare Enrollment Fee | \$10 |
| <input type="checkbox"/> DNA Kit-Foal | \$60 |
| <input type="checkbox"/> DNA Kit-Dam | \$60 |

Membership Levels

Adult

- | | |
|--|--|
| <input type="checkbox"/> One-year—\$40 | <input type="checkbox"/> One-year—\$20 |
| <input type="checkbox"/> Three-year—\$90 | <input type="checkbox"/> Three-year—\$40 |
| <input type="checkbox"/> Five-year—\$150 | <input type="checkbox"/> J-Term—\$100 |
| <input type="checkbox"/> Lifetime—\$500 | Birthdate: ____ / ____ / ____ |

Additional Product Packages:

- Premium**—\$45 (save \$20) One year subscription to the *Paint Horse Journal* (\$30 value), four generation, frameable, pedigree certificate (\$20 value), \$15 gift certificate to the APHA General Store
- Deluxe**—\$15 (save \$5) Four generation frameable, pedigree certificate (\$20 value)

Total Amount Due

Registration fee: \$ _____

QH/TB Mare Enrollment Fee: \$ _____

Transfer Fee: \$ _____

Breeders Trust: \$ _____

DNA Kit(s): \$ _____

Rush Fee: \$ _____

Membership Dues: \$ _____

Product Package: \$ _____

TOTAL \$ _____

- Check or money order enclosed. **Do not send cash.**
If you pay by check, your check may be converted into an electronic funds transfer.

- MasterCard Visa American Express

If paying by credit card, please complete the following.

Card No.: _____

Exp. date: _____ CVV#: _____

Name of Cardholder: _____

APHA ID No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

E-mail: _____

Signature: _____