

EMBRYO/OOCYTE TRANSFER 2008 AND LATER FOALS

REGISTRATION APPLICATION ARABIAN HORSE STUD BOOK



ARABIAN
HORSE ASSOCIATION

*** ARABIAN HORSE ASSOCIATION**
 Mail to: For FedEx & UPS:
 PO Box 173886 10805 E Bethany Dr
 Denver, CO 80217-3886 Aurora, CO 80014
 Phone: 303-696-4500 Fax: 303-696-4599
 ArabianHorses.org | info@ArabianHorses.org

Foal Owner's Certificate

DATE FOALED

NAME:	1st Choice																			
	2nd Choice																			

Month Day Year

COLOR (Check One)
 Bay Chestnut
 Black Grey Roan

SEX (Check One)
 Mare Gelding
 Stallion

Date Castrated
 Month Day Year

Sire of Foal _____ Reg. # _____ Color (One Only) _____
 Dam of Foal _____ Reg. # _____ Color (One Only) _____

I certify that the above pedigree and particulars are correct to the best of my knowledge and belief. I further agree that the foal will be subject to registration requirements as described in the Rules and Regulations effective at the time of application.

Signature of foal owner (or authorized agent) _____ Date: _____
 PLEASE SIGN HERE

Member/Owner # _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Telephone # (_____) _____

EMBRYO/OOCYTE TRANSFER CERTIFICATE

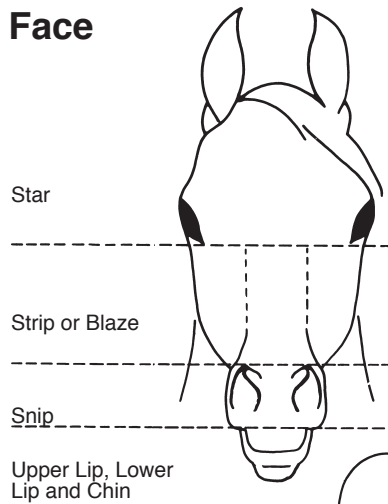
Embryo/Oocyte Collection Date _____
 Embryo/Oocyte Implant Date _____
 Month Day Year

A Embryo/Oocyte Transfer Certificate must accompany this Registration Application. AHA issues Embryo/Oocyte Transfer Certificates to the dam owner at time of breeding. **It is the foal owner's responsibility to obtain a signed Embryo/Oocyte Transfer Certificate from the owner of the dam at breeding.**

All applications and all registrations are subject to AHA's Rules and Regulations. A copy of the Rules and Regulations may be obtained from AHA or viewed online at www.arabianhorses.org. All persons completing or signing any portion of this application, or submitting this application to AHA, agree to abide and be bound by the Rules and Regulations.

PLEASE EXERCISE CARE IN COMPLETING THIS APPLICATION. An incorrect certification may result in rejection or cancellation of this registration and, in appropriate cases, disciplinary action against the persons involved.

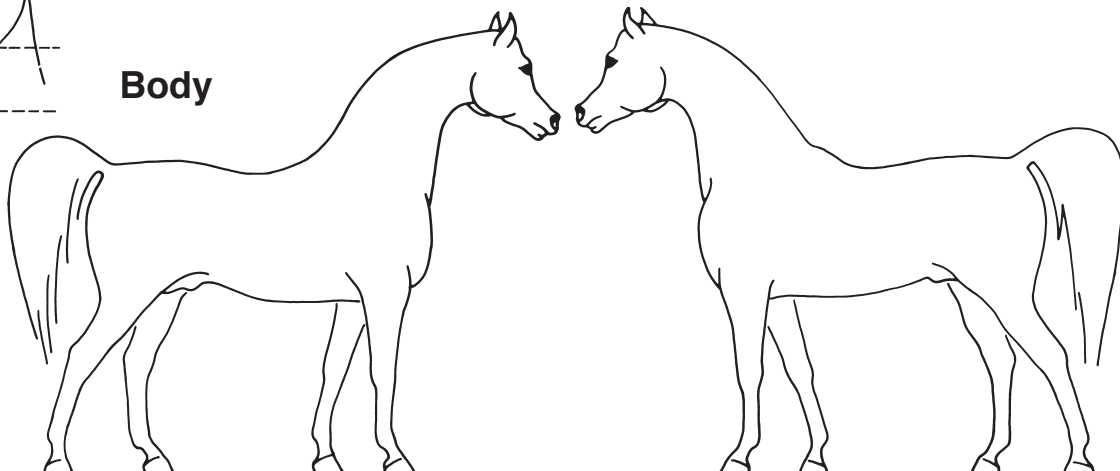
Face



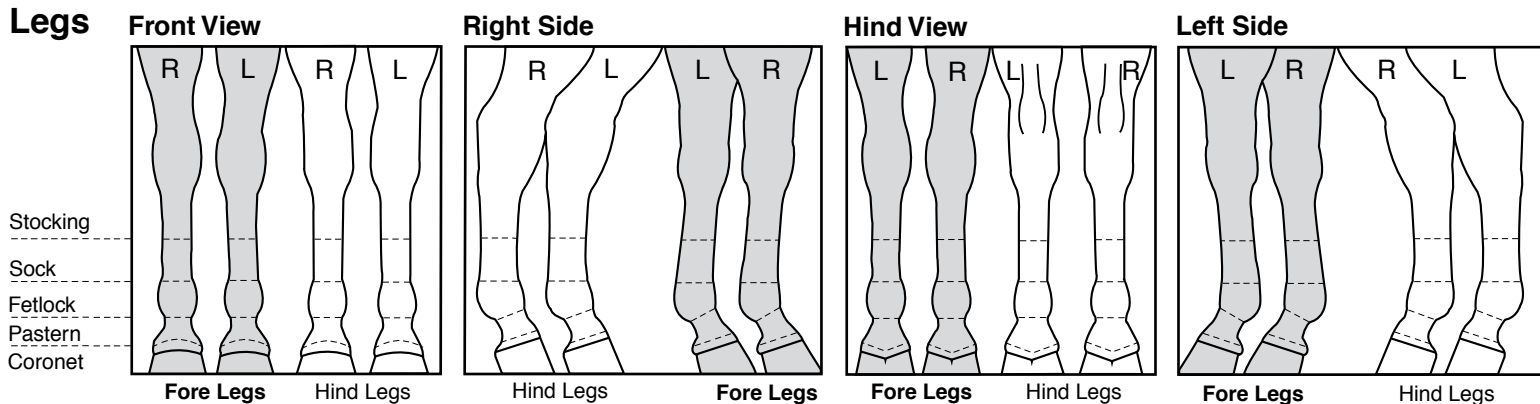
Markings Instructions

- All white markings must be drawn.
- Hoof color must be indicated.
- If the horse has no white markings check the box for "No White Markings."
- For grey horses with white markings:
 1. If white marks have underlying pink skin, check "yes" in the underlying pink skin box; or
 2. If white marks do not have underlying pink skin (faint markings) check "No" in the underlying pink skin box.
- For further information consult the AHA publication "Identifying The Arabian Horse," or call AHA.

Body



Legs



* Please check all appropriate boxes.

* Please exercise care in completing the pink skin boxes for grey horses or processing will be delayed.

FACE	White Markings		Underlying Pink Skin (Grey Horses Only)		LEGS	White Markings		Underlying Pink Skin (Grey Horses Only)		Hoof Color (Check one)		
	Yes	No	Yes	No		Yes	No	Yes	No	Light	Dark	Parti
Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strip or Blaze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Lip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Lip and Chin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

NO WHITE MARKINGS (Please check this box if the horse has no white markings.)

BODY Markings, Tattoo, or Brand (if any)

Markings Drawn By

Name of Dam Number of Dam