


**IMPORTED  
IN UTERO FOAL**

**REGISTRATION APPLICATION  
ARABIAN HORSE STUD BOOK**

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

**Dam Owner's Certificate**

NAME:

1st Choice																				
2nd Choice																				

**DATE FOALED**  
 Month Day Year

**COLOR** (Check One)  Bay  Chestnut  Black  Grey  Roan

**SEX** (Check One)  Mare  Stallion  Gelding

**Date** Month Day Year  
**Castrated**

Sire of Foal  Foreign Stud Book  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 recorded owner (or authorized agent) of dam at time of foaling:  **PLEASE SIGN HERE** Date:  Month Day Year

Telephone # (  )  Owner #  Email

**FOR OFFICE USE ONLY**

Date the dam entered the United States or Mexico

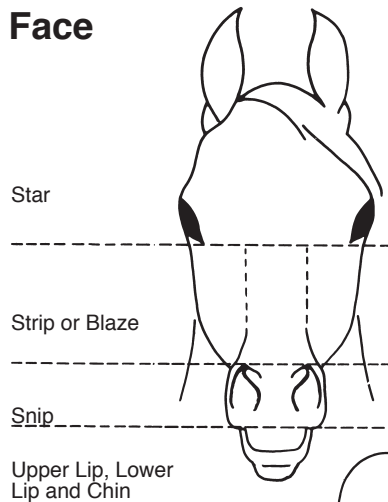
Name of Breeder  Owner #

Address

As stated in the accompanying breeding certificate, the stallion named  was bred to the mare named  Reg. #  on the  day(s) of , 20

All applications and all registrations are subject to AHAs 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.

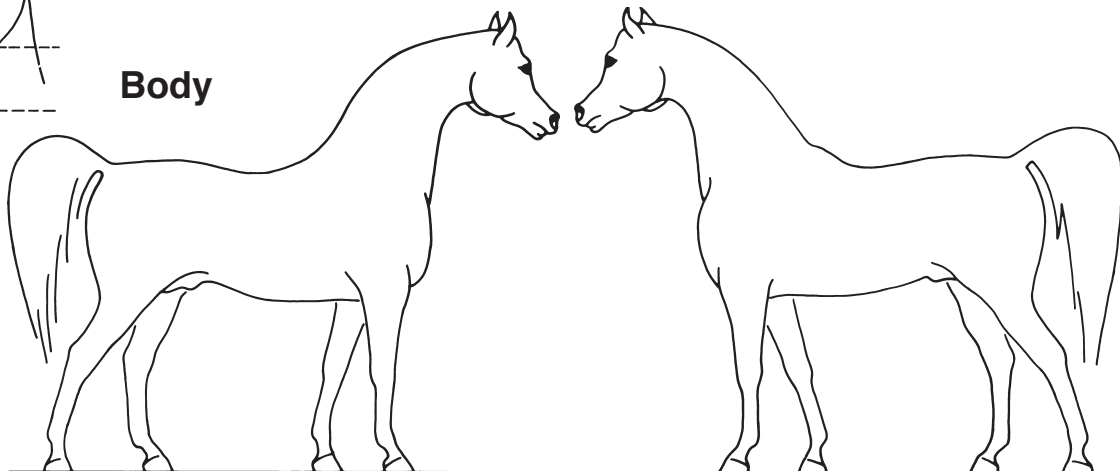
# Face



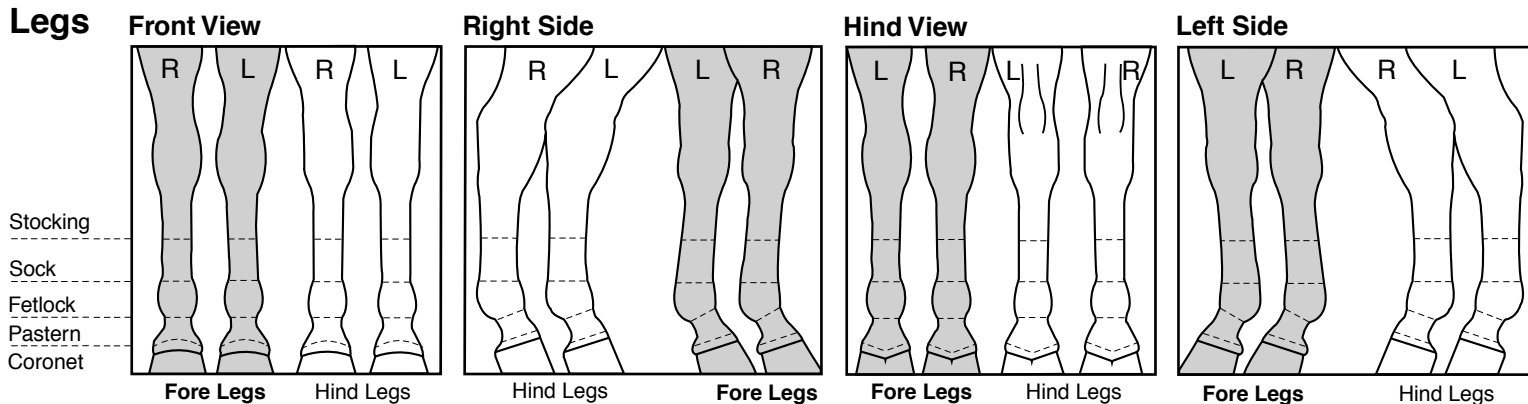
# Markings Instructions

- 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"/>		<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"/>	Right 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"/>	Left Fore 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"/>	Right 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"/>	Left Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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