



APPLICATION FOR REGISTRATION OF AMERICAN SADDLEBRED

Note: All parties agree to be bound and to abide by the Rules and Regulations of the American Saddlebred Registry

NAME OF PREPARER (please print): _____ EMAIL: _____

SIGNATURE OF PREPARER: _____ PHONE #: (____) _____

1. SIRE OF FOAL: _____ REGISTRATION#: _____

2. DAM OF FOAL: _____ REGISTRATION#: _____

3. REQUESTED NAME OF FOAL/HORSE (Maximum of 35 characters including spaces and punctuation)

Use blue or black ink. Please print legibly. See Registry Rule Section III. H. regarding names.

If names are not provided, you are responsible for submitting a name claim form and fees. Effective 1/1/2017.

FIRST CHOICE:

Grid of 35 boxes for first choice name

SECOND CHOICE:

Grid of 35 boxes for second choice name

THIRD CHOICE:

Grid of 35 boxes for third choice name

4. SEX OF FOAL: Stallion Mare Gelding: date altered ____ / ____ / ____ (month/day/year)

5. COLOR OF FOAL: Chestnut Bay Black Pinto Other (specify) _____

6. DATE FOALED: _____
month day year

7. ASSISTED REPRODUCTION: Embryo Transplant* Frozen Semen* Other

*If Embryo Transplant is checked, please note that the section titled Embryo Transplant Certification on page 4 must be completed. If Frozen Semen is checked, please provide the date mare was bred: _____

8. LOCATION OF MARE AT THE TIME OF FOALING: (Abbreviation of State) Country _____

9. ALL FOALS MUST be qualified by DNA testing as the offspring of the sire and dam.

Please indicate where kit should be sent:

Email kit to: _____, or

Mail kit to: Name: _____ Address: _____

City / State / Zip: _____

10. RECORDED OWNER OF FOAL MUST BE A CURRENT COMPETING MEMBER OF ASHA OR PAY A \$50 NON-MEMBER TRANSACTION FEE (SEE FEE SCHEDULE AT RIGHT)

11. IS THIS FOAL SHOWING THIS YEAR?: Yes No Date of Show/Futurity: ____ / ____ / ____ (month/day/year)

For applications for registration received less than two weeks prior to the date registration is required, an optional \$100 rush fee may be charged for priority review.

NAME OF SHOW / FUTURITY: _____

The Registry may issue a conditional registration number to the owner of an unregistered foal as identified on a properly completed registration application in the following circumstances. 1. When required parentage verification procedures to issue a permanent registration certificate are incomplete and; 2. Provided that such application with the correct fee has been submitted to the Registry and all other requirements for registration are met. ASR will not record any further transactions concerning this animal as long as the registration is conditional. Any owner who receives a conditional registration number under this rule shall indemnify and hold harmless the Registry, its officers, directors, agents, and employees from any claim, damage, loss or liability arising out of or resulting from the issuance of a conditional registration number.

IMPORTANT! PLEASE FILL OUT THE DESCRIPTION INFORMATION FOR THE FOAL ON PAGE 3!

Mail completed application form with correct fees to:
American Saddlebred Registry
4083 Iron Works Parkway
Lexington, KY 40511

If check, please make check for membership fee to ASHA, all other fees to ASR.

DNA (As of January 1, 2003, all foal parentage is determined through DNA. DNA is mandatory for all sires and dams without DNA on file.)

SIRE DNA conversion \$50
(blood typed 1992 or after)

DAM DNA conversion \$50
(blood typed 1992 or after)

Microchip # _____

Microchip Registry: _____

Phone #: _____

REGISTRATION FEES Fees are based on date of receipt of application AND fees.

Birth up to 6 months \$45

6 months up to 12 months \$65

12 months up to 24 months \$200

24 months and over \$300

Rush fee (optional) \$100

DNA hair kit (foal required) \$50

Foreign DNA (if applicable) \$25

Breeder Designation Fee (if applicable) . \$50

Unregistered Foal Transfer (if applicable). \$65

Embryo Transplant Certificate \$50

Return by Certified Mail (US only) \$10

Total Registry Fees Due \$ _____

MEMBERSHIP FEE (Recorded owner must be ASHA competing member or pay a \$50 non-member transaction fee. Membership year Dec. 1 - Nov. 30)

(Please make checks for Membership fee or Breed Promotion to ASHA. Please make check for all other fees to ASR.)

Please Print Name of Membership Applicant: _____

Senior - Competing \$70

Non-Member Transaction Fee \$50

Breed Promotion Contribution \$ _____

(all contributions to ASHA are tax deductible to the fullest extent of the law)

* 3% Processing fee will be added to all ASR credit card transactions.

Total Fees Due \$ _____

Check Enclosed Credit Card

Credit Card #: _____

Expiration Date: _____

Signature: _____

Print: _____



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PLEASE PRINT FOALING YEAR AND NAME OF DAM

Please complete only section 12 OR section 13

12. OWNER OF FOAL: To be completed ONLY if the owner of the foal is EXACTLY the same as the owner of the dam at the time of foaling. Otherwise, please complete Section 13.

OWNER OF FOAL: _____ PHONE NUMBER: (____) _____

ADDRESS: _____

CITY / STATE / ZIP: _____

EMAIL: _____

SIGNATURES OF OWNER(S)

X _____

X _____

FOR OFFICE USE ONLY
OWNER'S ASHA ID#: _____ AUTHORITY ID#: _____

----- OR -----

13. UNREGISTERED FOAL TRANSFER REPORT

This report must be completed if the owner of the foal is different from the recorded owner of the dam at the time of foaling. Transfer fees will not apply if report is filed with the Registry within 12 months of the foal's birth, otherwise a \$65 transfer fee will apply.

OWNER OF FOAL: _____ PHONE NUMBER: (____) _____

ADDRESS: _____

CITY / STATE / ZIP: _____

EMAIL: _____

OWNERSHIP EFFECTIVE AS OF (REQUIRED): _____ (Foaling date may be used if applicable)

SIGNATURES OF RECORDED OWNER(S) AT TIME OF FOALING We hereby authorize the transfer of same on the books of the American Saddlebred Registry:

X _____

X _____

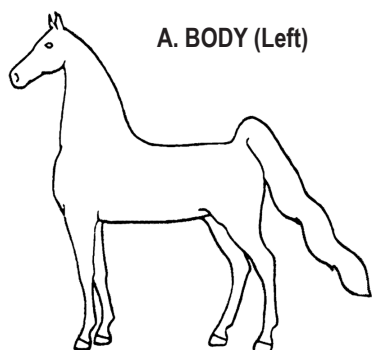
FOR OFFICE USE ONLY
OWNER'S ASHA ID#: _____ AUTHORITY ID#: _____

ALL PAGES MUST BE COMPLETED If check, please make check for membership fee to ASHA, all other fees for ASR.



APPLICATION FOR REGISTRATION

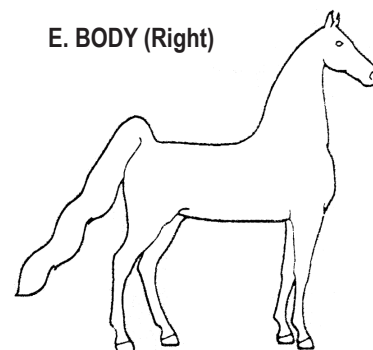
PLEASE PRINT NAME OF DAM _____



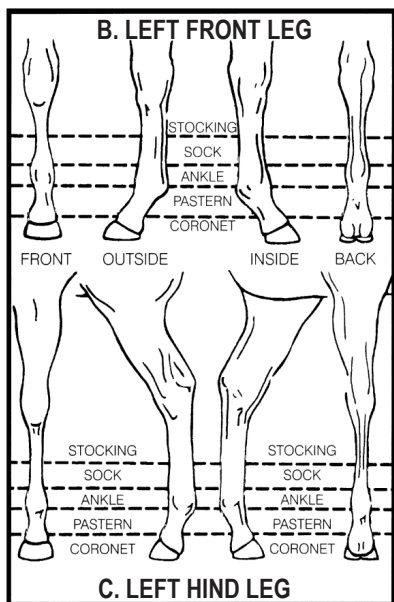
A. BODY (Left)

14. MARKINGS

All white markings should be indicated. Take care that diagrams are accurate. **IT IS STRONGLY RECOMMENDED THAT PHOTOGRAPHS OF THE HORSE BE SUBMITTED WITH THIS APPLICATION TO MAKE CERTAIN OF FUTURE IDENTIFICATION.** For any application for registration not completed within 12 months of the foaling date and for any horse with white markings above the knee, the hock or behind the ears (such as pintos), four current photographs showing both sides, front and rear **MUST** be submitted to the Registry.



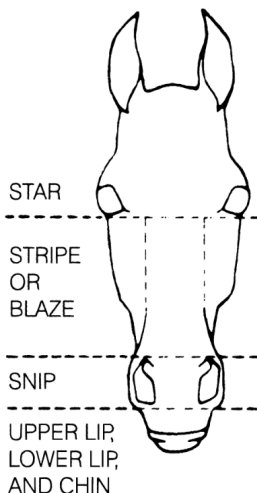
E. BODY (Right)



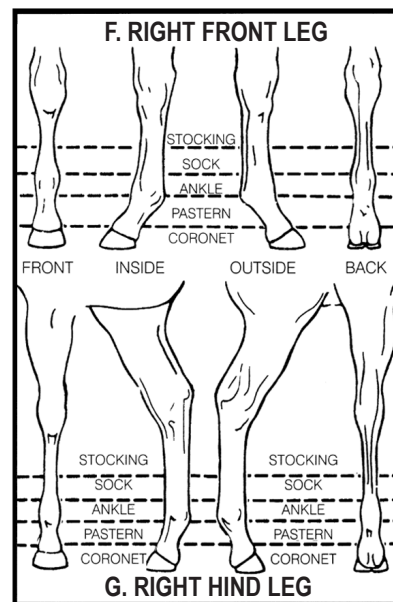
B. LEFT FRONT LEG

C. LEFT HIND LEG

D. FACE / HEAD



IF NO WHITE FACE MARKINGS, INDICATE "NONE"



F. RIGHT FRONT LEG

G. RIGHT HIND LEG

WRITTEN DESCRIPTION OF MARKINGS (Check "none" if applicable)

- BODY LEFT: _____ None
- LEFT FRONT LEG: _____ None
- LEFT HIND LEG: _____ None
- FACE / HEAD: _____ None
- BODY RIGHT: _____ None
- RIGHT FRONT LEG: _____ None
- RIGHT HIND LEG: _____ None

FOR OFFICE USE ONLY

ALL PAGES MUST BE COMPLETED

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APPLICATION FOR REGISTRATION

PLEASE PRINT NAME OF DAM _____

BREEDER'S CERTIFICATE

The Breeder's Certificate need not be completed UNLESS "Withhold Breeder's Certificate" was marked on the Stallion Service Report filed by the stallion owner, and also need not be completed if the owner of the sire was also the owner of the dam at the time of breeding. **Note breeding dates are required.**

I hereby certify that the stallion _____ Registration #: _____

was bred to a mare named _____ Registration #: _____

Owner of dam at the time of breeding _____ During the year _____

By Natural (Hand Service) (dates _____) (Required)

Pasture Exposure (from ____ / ____ / ____ (month/day/year) to ____ / ____ / ____) (Required)

Artificial Insemination and / or Transported Semen (dates _____) (Required)

Signature of recorded owner / lessee / agent of stallion at time of breeding

X _____ date issued ____ / ____ / ____ (month/day/year)

(If signed by lessee or agent, authority for such signature must be recorded with the ASR office by owner of record.)

EMBRYO TRANSPLANT CERTIFICATION

If the foal born is a result of Embryo Transplant, the following section must be completed in accordance with Section III. K. 6. which states in part: Any party using Embryo Transplant shall furnish to the Registry a signed statement certifying the date of transplant. The statement shall contain the veterinarian's contact information. A \$50 Embryo Transplant Certificate Fee must be submitted.

Embryo	OR	Oocyte
____ Fresh or ____ Frozen		____ Fresh or ____ Frozen

Veterinarian/Clinic completing the Transplant (Required)

Name Phone

Date of Embryo Transplant (Required) _____
Month / Day / Year

Date of Embryo/Oocyte Recovery (Required if different from Transplant Date) _____
Month / Day / Year

Veterinarian/Clinic completing the Recovery (Required if different than the transplanting Veterinarian/Clinic)

Name Phone

Signature of the Recorded Owner, ASR Recorded Lessee, or ASR Authorized Agent of dam at the time of recovery:

X _____
Signature Date Issued (month/day/year)

If Embryo/Oocyte is sold, Please indicate Buyer and Date of Sale below:

Buyer's Name Date of Sale (month/day/year)

Please note that pursuant to Section III. K. 6. of the rules, the Registry is authorized to contact the person, or the facility where the embryo transfer was performed, concerning the embryo transfer.

BREEDER DESIGNATION

Note: Per Section III. A. 7. of the ASR Rules, the owner of the dam at the time of breeding may assign his/her/its designation as breeder to any person or entity. Any such assignment includes all rights and interests as breeder including, without limitation, all rights to be listed as breeder on Registry records and all rights to any money or other prize due the breeder. The owner of the dam at the time of breeding must sign the assignment prior to the completion of the foal's Application for Registration.

Should you wish to designate a breeding under this rule, a Breeder Designation form must be completed and submitted to the ASR along with a \$50 fee.

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