



APPLICATION FOR REGISTRATION OF HALF-AMERICAN SADDLEBRED

NAME (Maximum of 35 characters including space and punctuation)

1st choice: _____

2nd choice: _____

3rd choice: _____

DATE FOALD: ____ / ____ / ____ (mm/dd/yyyy)

COLOR OF FOAL: Chestnut Bay Black Pinto Other _____

SEX OF FOAL: Stallion Mare Gelding: date altered ____ / ____ / ____ (mm/dd/yyyy)

SIRE OF FOAL: _____ **REGISTRATION #:** _____

DAM OF FOAL: _____ **REGISTRATION #:** _____

I hereby certify that the above pedigree and particulars are correct to the best of my knowledge and belief.

Signature of person preparing application Date

THE FORGERY OR SIGNING ON BEHALF OF ANY PERSON WITHOUT PROPER AUTHORITY IS A VIOLATION OF ASR RULES AND REGULATIONS. Half Saddlebred Registry will record ownership of a foal EXACTLY as the dam is registered at the time of foaling unless unregistered transfer report is completed.

Owner of Foal (print or type): _____

Street / P.O. Box: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____ **Fax:** _____

REGISTRATION FEE

Registration Fee (all ages).....	\$50
Registered w/ another breed registry (i.e. Half Arabian, etc.).....	\$35
Unregistered Foal Transfer (if applicable) ..	\$25
DNA Testing (mandatory).....	\$50
DNA from Foreign Labs and other Registries.....	\$25

Total Fees Due\$ _____

- Please note:**
- One Parent, Sire or Dam **MUST** be registered with the American Saddlebred Registry
 - DNA testing must be performed for parentage verification
 - Four color photographs must be submitted with application
 - If other parent is registered, please enclose copy of papers.

Microchip # _____

Microchip Registry: _____

ALL FOALS MUST be qualified by DNA testing as the offspring of the American Saddlebred parent. *Please indicate where kit should be sent:*

Email kit to: _____, or

Mail kit to: Name: _____ Address: _____ City / State / Zip: _____

BREEDER'S CERTIFICATE

I hereby certify that the stallion _____ Registration # _____

was bred to mare named _____ Registration # _____

Owner of Mare _____

By _____ During the year _____

Natural (Hand) Service Dates _____

Pasture Exposure From _____ **To** _____

Artificial Insemination Dates _____

Transported Semen Dates _____

Stallion Service Report on File? ___ Yes ___ No _____

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

If signed by lessee or agent, authority for such signature must be recorded with ASR or the Half Saddlebred Registry by owner of record. Date issued: _____

Method of Payment:

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

____ CHECK (make payable to ASR) ____ VISA ____ MASTERCARD ____ AMEX ____ Discover Total:\$ _____

Credit Card #: _____ CCV Code: _____ Expiration Date ____/____/____

Signature: _____ Print Name: _____

Important - Complete other side of this application



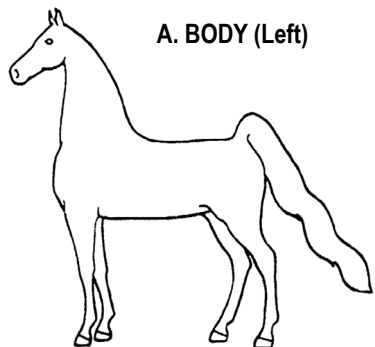
APPLICATION FOR REGISTRATION OF HALF-AMERICAN SADDLEBRED

TRANSFER REPORT (FOR UNREGISTERED FOALS ONLY)

Note: This report must be completed if the recorded owner of the dam at the time of foaling is different from the current owner of the foal. Transfer fees will not apply if it is filed with the Registry within 12 months of the foal's birth, otherwise a \$25 transfer fee will apply.

Buyer's Name _____
 Address _____
 State / Zip _____ Phone _____ Date of Sale (Foaling date may be used if applicable) _____
THE FORGERY OR SIGNING ON BEHALF OF ANY PERSON WITHOUT PROPER AUTHORITY IS A VIOLATION OF ASR RULES AND REGULATIONS. I/we hereby authorize the transfer of same on the books of the Half Saddlebred Registry of America
 Signature(s) of recorded Owner(s) of dam at time of foaling: _____

Home For Life Network Enrollment: _____ Contact Name: _____ Phone #: _____

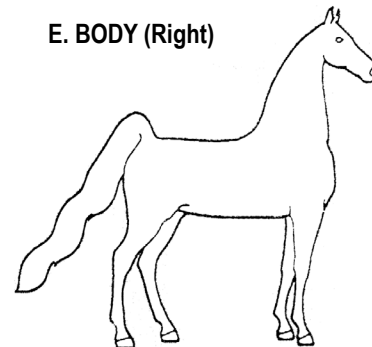


A. BODY (Left)

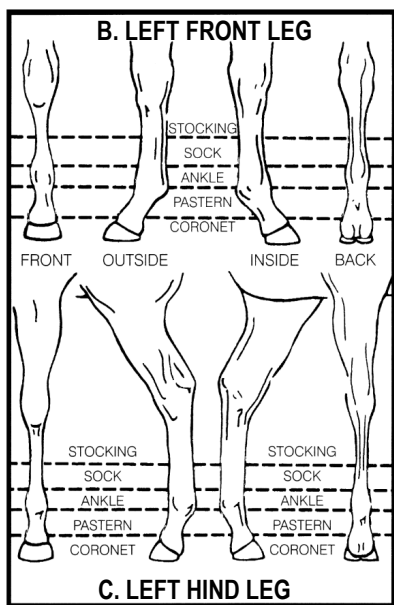
MARKINGS

ALL WHITE MARKINGS SHOULD BE INDICATED. TAKE CARE THAT DIAGRAMS ARE ACCURATE.

FOUR CURRENT PHOTOGRAPHS SHOWING BOTH SIDES, FRONT AND REAR MUST ACCOMPANY THIS APPLICATION.



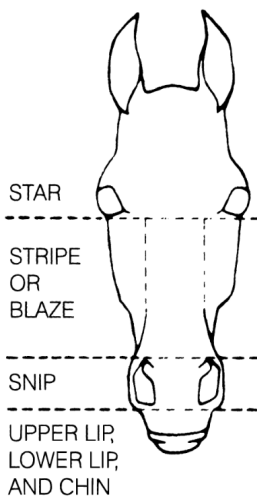
E. BODY (Right)



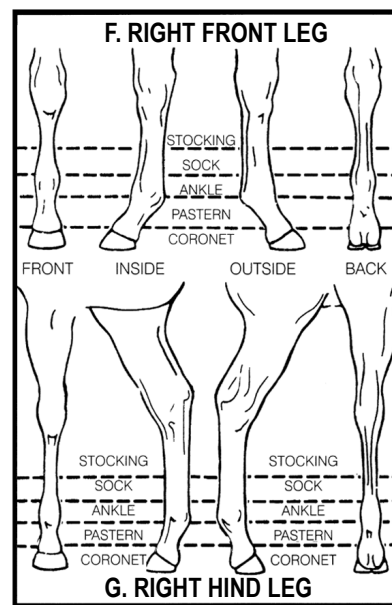
B. LEFT FRONT LEG

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