Appaloosa Horse Club 2720 West Pullman Road Moscow, Idaho 83843 TEL: (208) 882-5578	TRATION APPLICATION Please type or print neatly using blue ink u need assistance completing this form, please call the ApHC's tomer Service Department at Extension 300. Applications must be led to the ApHC. Applications are not accepted by fax or e-mail.					FOR INTERNAL USE ONLY		
PLEASE CHECK IF ANY OF THE FOLLO				• •				
<ul> <li>This foal was conceived using TRANSPORTED CO</li> <li>This foal was conceived using FROZEN SEMEN.</li> </ul>		•			IFICATION box			
<ul> <li>This foal was produced through EMBRYO TRANSIDate embryo transferred: //</li> <li>FROZEN EMBRYO Date of implantation: //</li> <li>PARENTAGE VERIFICATION requested. Please</li> <li>PARENTAGE VERIFICATION AND HYPP TES</li> <li>Refer to the Official Handbook of the ApHC to see if this test</li> </ul>	FER. If this box is checked, Number of embryos transf         /       /         If this box is c include \$60 testing fee. Sire of ST requested. Please include	you must also check the ferred:	PARENTAGE VI  check the PARENT NA typed to perfor	ERIFICATION b FAGE VERIFICA Im parentage very	ATION box. ification.			Proofed
A FOAL NAME SELECTIONS	<b>M</b> : 6001 //		``					
A. FOAL NAME SELECTIONS								
CHECK this box if you DO NOT want the Ap	pHC to name this foal. haracters, numbers, or Rom			will select a n	ame if your r	name choic	es are in use	e or not acceptable.
1 st	naracters, numbers, or Rom	an numerais are <u>not</u> a	llowed					
2nd								
3rd								
B. FOAL INFORMATION:	STA	TE FOALED:					SEX	
FOALING DATE:								Date Gelded or Spayed:
Month Day		<b>TRY FOALED:</b>						Mo Day Yr
		Registration	#•		Breed		C	olor
	Registration #:Breed:_Breed:							
DAM Name:		_Registration	#:		Breed:		C	olor:
Grandsire:       Registration #:       Granddam:       Registration #:         *OWNER OF DAM AT TIME OF FOALING:       (Please print as it appears on the dam's Certificate of Registration.)								
NAME			ApHC MEMBERS	SHIP #		PHONE #'S	DAY: NIGHT:	
ADDRESS		CITY		STATE/PROVIN	ICE		ZIP/POSTAL	_
As owner of the dam at the time this horse was foaled (or authorized by said owners), I hereby certify that all information on this registration is true and correct to my personal knowledge and agree that the ApHC has the privilege to correct and/or cancel the registration certificate for cause under its rules and regulations.								
This Jockey Club/Arabian/ AQHA mare does not exhibit white coloration beyond the current approved white limitations of the ApHC.								
X								
Signature Required							Date	
*The Certificate of Registration will be returned to the above address unless a transfer of ownership accompanies this application.								
C. BREEDER'S CERTIFICATE: (ANY ALTERATIONS OR ERASURES MAY VOID THIS BREEDER'S CERTIFICATE) THIS BREEDER'S CERTIFICATE MUST BE FULLY COMPLETED INCLUDING, REGISTRATION NAMES AND NUMBERS OF THE SIRE AND DAM AND CORRECT BREEDING DATES AND BREEDING YEAR. INCOMPLETE INFORMATION MAY CAUSE A DELAY PROCESSING THIS APPLICATION.								
BREEDING DATES:BREEDING YEAR:								
	l insemination	Transported se	emen 🗆	Frozen seme	n 🗆 I	Pasture br	eeding	Embryo transfer
This is to certify that the stallion Registration #								
bred the mare					Pagistratic	n #		
bred the mare Registration #         *OWNER OF DAM AT TIME OF BREEDING: (Please print as it appears on the dam's Certificate of Registration.)								
NAME			ApHC MEMBERS	SHIP #		PHONE #'S		
ADDRESS		CITY		STATE/PROVINC	Е		NIGHT: ZIP/POSTAL	
This Jockey Club/Arabian/ AQHA mare does no	ot exhibit white coloration	n beyond the current	approved white	limitations of	the ApHC.			
X								
Signature Required *OWNER OF STALLION AT TIME OF I	BREEDING: (Please	e print as it appe	ars on the stal	llion's Certif	icate of Rec	vistration	Date	
NAME		print us it upper	ApHC MEMBERS			PHONE #'S	DAY:	
ADDRESS		CITY		07 4 77 79	F		NIGHT:	
ADDRESS		СІТҮ		STATE/PROVINC	E		ZIP/POSTAL	_
This Jockey Club/Arabian/ AQHA stallion does not exhibit white coloration beyond the current approved white limitations of the ApHC.								
X Signature Descripted								
Signature Required							Date	e Rev 01/2015 TH web

**D. FOAL IDENTIFICATION:** Submit four photographs: front, both sides, and rear view, all photos must be in color and clearly show any and all markings (including brands and scars) on the head, body, and all four legs. Write the name of the dam, month, day, and year of the foal's birth and sex on the back of each picture. Photographs must be on photo quality paper and not larger than 4x6 inches (10.2 cm x 15.2 cm). The ApHC reserves the right, at its discretion, to require additional photographs of better quality.

