

# USPHA AUTHORIZATION TO ACT AS AGENT

MAIL TO: USPHA - P.O. Box 249 - Morrison, CO. 80465 Tele: 303-697-9567 USPHA.NET

Name of Horse (print):  Registration Number:

Registered Owner (Print) Address:

Designated Agent: (print) Address:

Phone Number:

From  /  /  to  /  /  The Agent has the right to:

Owner Agent  
Initials Initials

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) Show horse in Registered Owner's name   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) Show horse in Agent's name.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) Breed horse with Registered owner signing necessary paperwork & documents                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) Breed horse and sign in lieu of Registered Owner the necessary paperwork & documents            |
| <input type="checkbox"/> | <input type="checkbox"/> | Be Listed as breeder of any foals resulting from said breeding                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) Act as Registered Owner's Agent for all transactions involving this horse, including it's sale, |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) Other <input type="text"/>  |

Signature of Registered Owner  Date

Signature of Agent  Date

Note: This is not a legal contract, merely a report to the Association for record keeping purposes.

MAIL TO: USPHA - P.O. Box 249 - Morrison, CO. 80465 Tele: 303-697-9567 USPHA.NET