



REGISTRATION APPLICATION

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

Name: (1st Choice) _____ Translation: _____

(2nd Choice) _____ Translation: _____

Foaled: _____ / _____ / _____
 Year Month Day

Sex: _____
 (Mare, Stallion, or Gelding)

Birth Color: _____

Present Color: _____

Mane/Tail Color: _____

Scars/Brands: _____

White Markings: _____

Microchip ID: _____ Location of Horse: _____

If Imported – From: _____ Imported Date: _____ / _____
 Month Year

Owner of Sire at Time of Service: _____

Address: _____

By _____ / _____
 Reg. #

Sire _____ / _____
 Color Reg. #

Out of _____ / _____
 Reg. #

Horse being Registered _____

By _____ / _____
 Reg. #

Dam _____ / _____
 Color Reg. #

Out of _____ / _____
 Reg. #

Owner of Dam at Time of Service: _____

Address: _____

Mare Owner at Time of Foaling: _____

Address: _____

Location of Mare at time of Foaling: _____

Registration to be in the Name of (Foal Owner): _____

Foal Owner Address: _____

Signature of Mare Owner at Time of Foaling: _____ Date: _____

Signature of Registered Foal Owner: _____ Date: _____

REQUIRED WITH APPLICATION

1. Two COLOR photographs showing all markings on both left and right sides, and full face (close-up).
2. Breeding Certificate signed by mare and stallion owners at time of service.
3. Photocopy of Registration Certificate, if transfer from another registry.

Indicate all white markings, brands, scars on diagrams below, USING RED INK.

