

APPLICATION FOR HAFLINGER HALF - BLOOD REGISTRY

Mail the application when executed and signed with the registration fee to:
THE HAFLINGER HALF - BLOOD REGISTRY OF AMERICA
PO BOX 626
DALTON , OHIO 44618

1) NAMES -- PRINT NAME CHOICES --

1st Choice -- _____

2nd Choice - _____

3rd Choice -- _____

2) SEX -- Check one

Stallion - _____

Gelding - _____

Mare - _____

3) COLOR (See back of application for acceptable color)

4) DATE OF FOALING

_____/_____/_____
MONTH / DAY / YEAR

5) OWNER OF FOAL _____

NAME (PLEASE PRINT)

ADDRESS _____

CITY _____

STATE , ZIP CODE _____

SIGNATURE OF OWNER OF FOAL

6) OWNER OF DAM AT TIME OF FOALING

NAME (PLEASE PRINT) _____

SIGNATURE

7) BREEDERS CERTIFICATE

DAM OF FOAL _____

NAME

NAME _____

(SIRE OF DAM OF FOAL)

REG. NUMBER

REG. NUMBER

BREED OR TYPE OF DAM OF FOAL

NAME _____

BRED BY (2ND DAM OF FOAL)

REG. NUMBER

I HEREBY CERTIFY THAT I OWNED THE MARE IDENTIFIED ABOVE AND BRED HER TO THE STALLION MENTIONED AS THE SIRE:

SIGNATURE OF OWNER OF MARE AT TIME OF SERVICE

SIGNATURE OF CO-OWNER (IF ANY)

PRINTED NAME OF OWNER OF MARE AT TIME OF SERVICE

PRINTED NAME OF CO- OWNER (IF ANY)

ADDRESS

CITY

STATE , ZIP CODE