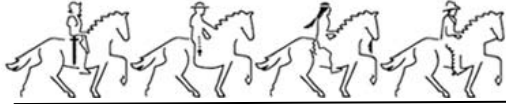


Spanish Barb Horse Association



Discover the Horse that Discovered America

Part 1 - APPLICATION FOR REGISTRATION- FORM A

** For ages 3 months to 24 months*

HORSE NAME:

1st Choice _____ Foaling Date: _____ Sex: _____
2nd Choice _____ Mo. Day Year _____ Stallion
_____ Mare
_____ Gelding

Date Gelded: ____/____/____
Mo. Day Year

Eye Color: _____ Left _____ Right _____ Mane Color: _____ Tail Color: _____

Body Color: ____ Bay ____ Chestnut ____ Dun ____ Black ____ Brown ____ Buckskin

____ Grullo ____ Palomino ____ Other: _____

Color Pattern: ____ Solid ____ Tobiano ____ Overo ____ Sabino ____ Roan ____ Leopard

SIRE: _____ Reg.No. _____ Color: _____

DAM: _____ Reg.No. _____ Color: _____

OWNER:

Name: _____ Phone No: _____

Cell Phone No: _____ Email: _____

Mailing Address: _____

As owner, I hereby certify that all information on this registration is true and correct to my personal knowledge and agree that the Association has the privilege to correct and/or cancel the registration certificate for cause under its rules and regulations.

Signature

Date

Form A – BasicRegApp-SBHA-2011

Owner Name _____

Horse Name _____

Spanish Barb Horse Association

Part 2 – APPLICATION FOR REGISTRATION - FORM A - BREEDER CERTIFICATE

I hereby certify that I owned the mare _____
Registered Name & Registration Number

At the time she was bred to the stallion _____
Registered Name & Registration Number

For which registration is now being applied.

Name: _____ Phone No. _____

Cell Phone No: _____ Email: _____

Mailing Address: _____

Signature Date

Part 3 – APPLICATION FOR REGISTRATION – FORM A - SERVICE CERTIFICATE

I hereby certify that I *owned / leased* the stallion, _____
Underline appropriate above Registered Name & Registration Number

At the time he bred the mare _____
Registered Name & Registration Number

On the service dates of _____, 20____

By: ____ Natural (Hand) ____ Pasture ____ Artificial Insemination

OWNER OF STALLION at time of service:

Name: _____ Phone No. _____

Cell Phone No: _____ Email: _____

Mailing Address: _____

Signature Date

Spanish Barb Horse Association

Part 4 – APPLICATION FOR REGISTRATION - FORM A - MARKINGS

RIGHT SIDE **Front View**

Legs

R	L	R	L
Fore Legs		Hind Legs	

Right View

R	L	L	R
Hind Legs		Fore Legs	

Hoof Color

	Light	Dark	Parti
Right Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Body Markings, Tattoo or Brand (if any)

LEFT SIDE **Left View**

L	R	R	L
Fore Legs		Hind Legs	

Hind View

L	R	L	R
Fore Legs		Hind Legs	

Part 5 – APPLICATION FOR REGISTRATION - FORM A – REGISTRAR USE ONLY

Date of receipt: _____ Amount received: _____ Check # _____

Date completed: _____ Date mailed: _____

Registration Number Assigned: _____