Canadian Arabian Horse Registry

#113, 37 Athabascan Avenue, Sherwood Park, Alberta T8A 4H3 PH: (780) 416-4990 Fax: (780) 416-4860

REGISTRATION APPLICATION

NAME (not more than 30 letters including spaces. No numbers or symbols allowed)

First Choice

Second Choice

BODY COLOUR ☐ BAY ☐ GREY ☐ CHESTNUT ☐ BLACK

SEX ☐ STALLION ☐ MARE ☐ GELDING

FOALING DATE | Month | Day | Year |

DATE GELDED | Month | Day | Year |

If twin, state sex of twin

SIRE	CAHR REGISTRATION #	FOREIGN REGISTRY #	COLOUR
DAM	CAHR REGISTRATION #	FOREIGN REGISTRY #	COLOUR

OWNER OF DAM AT TIME OF FOALING

NAME		C.A.H.R. I.D. NO. (not AHA)	PHONE NO.
ADDRESS	CITY	PROVINCE	POSTAL CODE

As owner of the dam at the time this horse was foaled [or recorded authority of owner(s)], I hereby certify that all information on this application is true and correct to my knowledge, and agree that the Canadian Arabian Horse Registry has the privelege to correct and/or cancel the registration certificate for causes under its Rules and Regulations.

SIGNATURE (owner of dam at time of foaling)	DATE

BREEDER CERTIFICATE

I hereby certify that I owned the mare: NAME OF DAM

at the time she was bred to the stallion: NAME OF SIRE

for which registration of the resulting foal is now being applied.

Name of owner of DAM at time of breeding		C.A.H.R. I.D. NO.	Phone No.
Address	City	Prov.	Postal Code

I certify that this Service information is correct

Signature (owner of DAM at time of breeding)	DATE

TRANSPORTED / STORED SEMEN SERVICE **(Complete this section only if mare was bred by Transported/Stored Semen)**

Inseminated on the dates: _____

Stallion Service Certificate Number (obtain ORIGINAL from owner of stallion and submit with application) : _____

SERVICE CERTIFICATE

DO NOT COMPLETE IF MARE WAS BRED BY TRANSPORTED SEMEN

I hereby certify that I owned the stallion: REGISTERED NAME OF SIRE | CAHR Registration No.

at the time he bred the mare: REGISTERED NAME OF DAM | CAHR Registration No.

by: Natural (Hand) Service — DATES:

Pasture Breeding — FROM: TO:

AI (Fresh Semen) on Site (not transported semen) — DATES:

} During the year: _____

Name of owner of STALLION at time of breeding		C.A.H.R. I.D. NO.	Phone No.
Address	City	Prov.	Postal Code
Signature of owner of STALLION at time of breeding		Month	Day / Year

TRANSFER REPORT

I/We hereby transfer the recorded ownership of the foal described above, when registered to the new owner(s).

Name of new owners		C.A.H.R. I.D. NO.	Phone No.
Address	City	Prov.	Postal Code
Signature of owner of DAM at time of foaling	DATE OF SALE	Month	Day / Year

Part two of form must be completed. Please *do not* staple pages together