

## International Colored Appaloosa Association, Inc 125 S Main St, #185 McAlester, OK 74501 (See website prior to mailing to be sure address is current) www.icaainc.com <u>icaa@icaainc.com</u>

## **Transfer Report**

## Instructions:

- Print or type all requested information.
- Seller's signature as listed on the Registration Certificate is required.
- Remit the Transfer Report, the original Registration Certificate and appropriate transfer fee to ICAA.
- If the buyer is not a current member of ICAA and wishes to pay the member rate for transfer, please include a Membership Application and fee for the buyer's membership.
- The person selling the horse should be listed as the owner on the Registration Certificate.
- The color and markings of the horse should be verified with the Registration Certificate.

Any alterations of this form will require a new Transfer Report to be completed.

| Registered Name        | of Horse:     |                    |                          | ICAA Registration #         |                                  |  |
|------------------------|---------------|--------------------|--------------------------|-----------------------------|----------------------------------|--|
| Sex:   Stallion        | □ Mare        | □ Gelding          | □ Spayed Mare            | If gelded or spayed, date   | of gelding or spaying if known:  |  |
| Date of Sale (date     | e horse actua | ally changed han   | ds):                     |                             |                                  |  |
| If this transfer is fo | or an unregis | tered foal, the fo | oal's birth date and the | sire and dam's names and re | gistration numbers are required: |  |
| Pending Name of        | Foal:         |                    |                          |                             | Date of Birth:                   |  |
| Sire:                  |               |                    |                          | Registry:                   | Registration #                   |  |
| Dam:                   |               |                    |                          | Registry                    | Registration #                   |  |
| If consigned to an     | auction, plea | ase complete the   | e following:             |                             |                                  |  |
| Name of Sale Cor       | mpany:        |                    |                          |                             |                                  |  |
| Address:               |               |                    |                          |                             |                                  |  |
| Date of Auction: _     |               |                    |                          | _                           |                                  |  |
| Seller's Informat      | ion:          |                    |                          |                             |                                  |  |
| Name:                  |               |                    |                          |                             | ICAA Member #                    |  |
| Mailing Address: _     |               |                    |                          |                             |                                  |  |
|                        |               |                    |                          |                             |                                  |  |
|                        |               |                    |                          |                             |                                  |  |
| Seller's Signature     | : X           |                    |                          |                             |                                  |  |
| Buyer's Informat       | ion:          |                    |                          |                             |                                  |  |
| Name:                  |               |                    |                          |                             | ICAA Member #                    |  |
| Mailing Address: _     |               |                    |                          |                             |                                  |  |
| Phone:                 |               |                    | Email                    |                             |                                  |  |
|                        |               |                    |                          |                             |                                  |  |
|                        |               |                    |                          | Transfer Fees               |                                  |  |
|                        |               |                    | <b>A</b> ( <b>-</b> )    |                             |                                  |  |

Within 60 days: After 60 days \$15.00 Current Members \$35.00 Current Members \$35.00 Non-Members \$55.00 Non-Members