

HORSE ID TRANSFER

NOTICE: American Road Horse & Pony Association, Inc. expressly reserves the right to alter or cancel a certificate at any time, in case any information upon which it is based should be found inaccurate. In such case ARHPA shall not be responsible for any loss or damage which may result to any holder of this certificate.

IMPORTANT NOTICE TO BUYER: Every change in ownership must be recorded. Therefore, check the certificate of registration or existing ARHPA Horse ID Certificate to see that the owner's name from whom you are purchasing has been recorded with ARHPA. If you have recently acquired this roadster horse, please contact ARHPA for information about transferring ownership into your name.

FEES: Fee is \$0 for members and \$60 for non-members; transfer must occur within 60 days of ownership or additional fees may be charged.

PLEASE NOTE: Alterations or the use of white-out on this document will be questioned and may delay your transfer.

ORIGINAL ARHPA HORSE ID CERTIFICATE MUST ACCOMPANY THIS APPLICATION!

BUYER'S INFO

Name: _____
ARHPA Member #: _____
Address: _____
City, State, ZIP: _____
Email: _____
Cell Phone: (_____) _____
Is this a new address? Yes No

REGISTERED HORSE INFO

Name: _____
Tattoo #: _____
Sex: Mare Stallion Gelding
Date Gelded, if not recorded: _____
Check one: Standardbred Other

TRANSFER DATE

This horse changed ownership: _____

AGREEMENT

In making this application and accepting the benefits of transacting business with ARHPA, I hereby subject myself to all the provisions of the By-laws, Rules & Regulations of the American Road Horse & Pony Association, Inc., as they now exist or may from time to time be amended, knowledge of which I now have or will immediately acquire. If this application is incomplete or incorrectly completed, it will be canceled 60 days after initial receipt by ARHPA and fees will not be returned.

SELLER'S INFO

Printed Name: _____
Signature: **X** _____
Second Owner's Printed Name, if applicable: _____
Signature: **X** _____
Street Address: _____
City, State, ZIP: _____
Email: _____
Cell Phone: (_____) _____
ARHPA Member #: _____

RETURN TO

ARHPA, Inc.
c/o Rick Adams
2755 Bunten Rd.
Duluth, GA 30096

