

Registration Application

American Tobiano Overo Association

789 W M-113

Kingsley, MI 49649

(231)620-4042

Americantobianooveroassoc.com

Americantobianooveroassoc@gmail.com



Registration Requirements:

This application is only for stock and hunter type horses, please submit this application, along with four current high quality, clear images. These images should include: Right side, profile, left side profile, full front, and full rear. You can send images by mail or email. A new application will be required if any information is changed or incorrect. All requested information, including membership and payment, is required to process application.

Horse to be Registered:

Please print the first and second name choices below. The names should be no more than 35 characters (including spaces). Numbers or punctuation are not accepted. ATOA is not responsible for errors, or illegible writing.

Name Choice #1: _____

Name Choice #2: _____

Pattern: ☐ Tobiano ☐ Tovero ☐ Tobiano Bred Solid ☐ Overo

Sex: ☐ Stallion ☐ Mare ☐ Gelding

Color:

<input type="checkbox"/> Bay	<input type="checkbox"/> Brown	<input type="checkbox"/> Cremello	<input type="checkbox"/> Palomino	<input type="checkbox"/> Sorrel
<input type="checkbox"/> Bay Roan	<input type="checkbox"/> Buckskin	<input type="checkbox"/> Dun	<input type="checkbox"/> Perlino	<input type="checkbox"/> White
<input type="checkbox"/> Black	<input type="checkbox"/> Chestnut	<input type="checkbox"/> Gray	<input type="checkbox"/> Red Roan	<input type="checkbox"/> Other: _____

Eyes:

<input type="checkbox"/> Blue Eyes	<input type="checkbox"/> Left Eye	<input type="checkbox"/> Right Eye
<input type="checkbox"/> no blue eyes	<input type="checkbox"/> Left eye partial	<input type="checkbox"/> Right eye partial

Breeder Information:

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Undocumented horse:

These horses will be tentatively registered and are only permitted for non-breeding purposes.
Under sire and dam, please write "unknown" and leave the rest blank.

Breeding duration: _____ Date of Foaling: _____

Foaling Location (city,state,country): _____

Name of Breeder: _____ Breeder City/State _____

Please fill out the following in it's entirety, even if you owned both horses at the time of breeding

Sire: _____ Dam: _____

ATOA # _____ ATOA# _____

Other Reg# _____ Other Reg# _____

Color & Pattern: _____ Color & Pattern: _____

Type: _____ Type: _____

Owner: _____ Owner: _____

ATOA Member# _____ ATOA Member# _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Address: _____ Address: _____

Owner Information

Name: _____ ATOA# _____

Street: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Date of Birth: _____

Phone: _____ E-Mail: _____

Name of Parent/Guardian (for owners under 18 years): _____

Payment:

Payment may be submitted either online or by mail. Unpaid applications are not valid. Registration fees are as follows. If the horse is sold prior to registration, it will need a transfer form. All forms can be found on our website: Americantobianooveroassoc.com/forms.

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Weanling (Jan 1- July 1 of the foaling year) -\$25.00

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Weanling (July 1- Dec 31 of the foaling year) -\$50.00

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Yearling - \$80.00

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2-Year-old - \$100.00

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3-Year-old - \$125.00

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4-Year-old and older - \$150.00

Transfer Fee - \$30.00

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Check

☐

Online Payment (4% processing fee)

By signing this form, you certify that all information is correct. You agree to complete all required application materials. You also agree to abide by all ATOA rules and regulations. ATOA is not responsible for any errors on this form. Any changes made to this information are subject to fees.

Signature of Owner

Signature of Parent/Guardian

Transfer of Horse

This form must be filled out if the horse changed ownership prior to registration

Location of Sale: _____ Date of Sale: _____

Seller Information

Name: _____ ATOA ID# _____

Street: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____ E-mail: _____

Name of Parent/Guardian (for owners under 18 years) _____

Buyer Information

Name: _____ ATOA ID# _____

Street: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____ E-mail: _____

Name of Parent/Guardian (for owners under 18 years) _____

By signing this you are affirming that the above information is correct. ATOA reserves the right to request additional information.

Signature of Seller

Signature of Parent/Guardian