APPLICATION FOR REGISTRATION

MISSOURI FOX TROTTING PONY REGISTRY

Please read rules before filling out application

PLEASE PRINT OR TYPE

INCOMPLETE APPLICATIONS WILL BE RETURNED TO SENDER

A **REGISTRATION FOR:**
(Check One)

___*Mare* ___*Stallion* ___*Gelding*

Date Foaled: _____

Fee Payment Must Accompany Each Application

Applicants are advised that Fee Structures change periodically. Please call the MFTHBA office or consult your most current Rules, Standards and Policies for correct fees. This Application will be returned if fees are not included.

☐ **Tentative** ☐ **Permanent** **Breed**_____

B ***Name of Animal*** ***(No more than 30 characters, including punctuation and spaces; no apostrophe & no initials after name)***

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

C ***BREEDER'S CERTIFICATE***

Check type of breeding: ☐ ***Natural Service*** ☐ ***Artificial Insemination*** ☐ ***Embryo Transfer***

This is to certify that dam ***(mare)***_____ _____ _____
Registration Number *Breed*

Was bred to sire ***(stallion)***_____ _____ _____
Registration Number *Breed*

on ***(date)***_____ ***Color & Markings of Mare***_____
Breeding Date

Owner of Stallion *at the Time of Breeding* _____ _____
(Please Print) *Signature*

Owner of Mare *at the Time of Breeding* _____ _____
(Please Print) *Signature*

D *I (We) hereby certify that information contained in this application is correct; that this animal is eligible for registration under the Rules of the Association.*

Application Date _____

1) ***Foal Owner #1****'s* _____ *MFTHBA Member #*_____ *New Member* ☐Yes ☐No
(Please Print)

Signature _____ *Telephone #* _____

*Address*_____
City *State* *Zip*

or,

1) ***Foal Owner #2****'s* _____ *MFTHBA Member #*_____ *New Member* ☐Yes ☐No
(Please Print)

Signature _____ *Telephone #* _____

*Address*_____
City *State* *Zip*