

# MFTHBA

Missouri Fox Trotting Horse Breed Association

# TRANSFER REPORT

**OPTIONAL: \$25 – Special Handling Fee Enclosed.**

This fee is in addition to the regular fee (see schedule below) and will provide FIVE working-day service. It DOES NOT include FedEx delivery.

**INSTRUCTIONS:**

1. Print or type all requested information.
2. The color and markings of the horse should be verified with the Certificate of Registration.
3. Any erasure or alteration on this report may necessitate verification.
4. The Certificate of Registration should list the owner as the person selling the horse.
5. Consult the MFTHBA Handbook regarding transfer rules or contact MFTHBA.
6. **Remit appropriate fees, the Transfer Report AND the Certificate of Registration to MFTHBA.**

**(For FedEx delivery to MFTHBA)**  
Hwy 5 – 1 mile north of Ava, MO

**(USPS Mailing address)**  
P. O. Box 1027, Ava, Missouri 65608

We certify that the horse sold is the horse registered with the Missouri Fox Trotting Horse Breed Association as described on the Certificate of Registration delivered to MFTHBA in conjunction with the Transfer Report. We authorize MFTHBA to record the transfer of ownership of the horse upon MFTHBA's receipt of all required transfer items.

**GELDED** (date if known)  **Yes** \_\_\_\_\_  **No**

**HORSE'S NAME** \_\_\_\_\_ **REGISTRATION NUMBER** \_\_\_\_\_

If this transfer is for an unregistered foal, indicate year foaled and name and registration numbers of sire and dam.

Year Foaled \_\_\_\_\_ SIRE \_\_\_\_\_ DAM \_\_\_\_\_

**DATE OF SALE** \_\_\_\_\_ **IMPORTANT:** List month, day and year possession of horse actually changed.

**SOLD TO (BUYER'S name)** \_\_\_\_\_ **MFTHBA Membership ID#** \_\_\_\_\_

Buyer must have a current year membership in exact name listed above or pay a nonmember fee. Print buyer's name which must not exceed 30 characters (letters, spaces and punctuation).

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Street or Box Number

Check here if this is a new address

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

I/We further certify the horse sold is the horse registered with MFTHBA as described on the Certificate of Registration delivered to MFTHBA.

**WRITTEN SIGNATURE OF SELLER** x \_\_\_\_\_

**NAME OF SELLER** \_\_\_\_\_ **MFTHBA Membership ID#** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Street or Box Number

Check here if this is a new address

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**REQUIRED:** If consigned to auction sale, please give name, date and mailing address of Sale Company

Company Name	Mailing Address	Date of Auction
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**FEES** **As of January 1, 2009**

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|---|--|
| <input type="checkbox"/> Transfer fee for current MFTHBA member ..... \$20                                  | <input type="checkbox"/> Optional – Special Handling – five-day service (in addition to regular fee). If you select special handling please make note on the outside of your envelope "Rush Transfer" (fee) ..... \$25 |
| <input type="checkbox"/> Transfer fee for nonmember who wishes to become an Annual MFTHBA Member ..... \$60 |  |
| <input type="checkbox"/> Transfer fee for nonmember who wishes to become a Youth Member ..... \$35          |  |
| Birthdate of youth _____  |  |

Total Amount enclosed: \_\_\_\_\_  
U. S. Funds Only – Do Not Send Cash

If you wish to pay your fees with a Visa or Master Card, please complete the following:

Card Number \_\_\_\_\_  
 Expires \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Cardholders Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>For Office Use Only: Date Received</b> _____	
Transfer Form Completed	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Registration Certificate Submitted	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Payment Enclosed	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Date Transfer Recorded _____	by _____