



**American Sugarbush Harlequin Draft Association**  
**P.O. Box 555, Brookneal, VA 24528**  
**REGISTRATION APPLICATION**



**A. FOAL NAME SELECTIONS:** (Maximum of 20 letters including spaces)  
 Punctuation, special characters, numbers, or Roman numerals not allowed

1<sup>st</sup> \_\_\_\_\_

Registration Classification (check)

E-       H-       #-

2<sup>nd</sup> \_\_\_\_\_

I-       N-

3<sup>rd</sup> \_\_\_\_\_

**B. FOAL INFORMATION:**

FOALING DATE: \_\_\_\_\_ STATE FOALED: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ SEX: \_\_\_\_\_

SIRE Name: \_\_\_\_\_ # \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Grandsire: \_\_\_\_\_ # \_\_\_\_\_ Granddam: \_\_\_\_\_ # \_\_\_\_\_

DAM Name: \_\_\_\_\_ # \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Grandsire: \_\_\_\_\_ # \_\_\_\_\_ Granddam: \_\_\_\_\_ # \_\_\_\_\_

**\*OWNER OF DAM AT THE TIME OF FOALING:** (Please print as it appears on the dam's Certificate of Registration.)

Name \_\_\_\_\_ Membership # \_\_\_\_\_ Phone #'s \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_

As owner of the dam at the time this horse was foaled (or authorized by said owners), I hereby certify that all information on this registration is true and correct to my personal knowledge and agree that ASHDA has the privilege to correct and/or cancel the Certificate of Registration for cause under its rules and regulations.

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**\*The Certificate of Registration will be returned to the above address unless a transfer of ownership accompanies this application.**

**C. BREEDER'S CERTIFICATE:** (ANY ALTERATIONS OR ERASURES MAY VOID THIS BREEDER'S CERTIFICATE)

SERVICE DATES \_\_\_\_\_ YEAR \_\_\_\_\_

by  natural (hand) service  artificial insemination  transported semen  pasture breeding  embryo transfer

This is to certify that the sire \_\_\_\_\_, Registration # \_\_\_\_\_

bred the mare \_\_\_\_\_, Registration # \_\_\_\_\_

**OWNER OF DAM AT THE TIME OF BREEDING:** (Please print as it appears on the dam's Certificate of Registration.)

Name \_\_\_\_\_ Membership # \_\_\_\_\_ Phone #'s \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**OWNER OF STALLION AT THE TIME OF BREEDING:** (Please print as it appears on the stallion's Certificate of Registration.)

Name \_\_\_\_\_ Membership # \_\_\_\_\_ Phone #'s \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**D. CHECKLIST - DID YOU REMEMBER:**

- Four color photographs  Close-up photographs of characteristics of minimally colored horses  Fees (including transfer and/or membership, if needed)
- Transfer of ownership form (if you are not the owner of the dam at time of foaling)  Complete both sides of this form.

**E. FOAL IDENTIFICATION:**

Submit four current photographs showing complete left and right sides, direct face and rear view, showing the whole horse. All photos must be in color and clearly show any and all markings (including brands and scars) on the head, body, and all four legs. Write the name of the dam, month, day and year of the birth and sex on the back of each picture. Or if emailing name on photo must match requested name.

**Base color of foal:**

- Bay  Dark Bay or Brown  Black  Gray  Chestnut or Sorrel  Palomino  Red Roan  Grulla  Bay Dun
- Red Dun  Blue Roan  Buckskin  Bay Roan  Cremello or Perlino  Other \_\_\_\_\_

Brand location \_\_\_\_\_ BRAND

Scar location \_\_\_\_\_

**Eye Color:**  Brown  Blue  Amber  Hazel  Green

Right  Left  Both

**Partial (1/2 colored eye)**  Right  Left  Both

**LP Characteristics:**

- None
- Coat Pattern
- Visible White Sclera
- Mottled Skin
- Striped Hooves

**Notice: For the period from July 4<sup>th</sup>, 2014 to December 31<sup>st</sup>, 2014 all new memberships are free and all horses born before 2014 are eligible for registration for \$40.00**

Internal Use Only
Notes
_____
_____
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**F. REGISTRATION FEE SCHEDULE:**

If paying for membership with this application, please complete membership form. (Applications must be **postmarked** on or before dates shown.)

Fees subject to change – check the current Official Handbook of the ASHDA for most recent fees.

All applications received without payment will be returned.

**RUSH FEES – NON-REFUNDABLE:**

	<b>Member</b>	<b>Non-Member</b>
<input type="checkbox"/> Rush Fee, maximum 10 working days to process, add:	\$10	\$20
<input type="checkbox"/> Rush Fee, maximum 48 hours to process, add:	\$30	\$50

**If you wish your horse's application to be rushed, please indicate RUSH on outside of envelope.**

**Fees for E, I, #, H and N horses**

	<b>Member</b>	<b>Non-Member</b>
<input type="checkbox"/> Foal Date to December 31 <sup>st</sup> of year foaled	\$30	\$80
<input type="checkbox"/> January 1 <sup>st</sup> to December 31 <sup>st</sup> of yearling year	\$50	\$110
<input type="checkbox"/> January 1 <sup>st</sup> to December 31 <sup>st</sup> of two year old year	\$100	\$210
<input type="checkbox"/> January 1 <sup>st</sup> of three year old year and after	\$150	\$310

**Registration Fees Verified by Postmark Date**

<input type="checkbox"/> Gelding/Spayed Mares, Hardship horses after December 31st of year foaled	\$40	\$90
<input type="checkbox"/> Transfer of Ownership (accompanying application)	\$15	\$15