



ASHDA Authorized Agent Agreement

P.O. Box 555, Brookneal, VA 24528 ashdaregistry@gmail.com

For an authorized agent to be recognized by the ASHDA whether for breeding, showing, transfers or leases a copy of this form shall be filed with the ASHDA, signed by both the owner and the agent and notarized. The owner shall provide the name and registration number of the horse for which the authorized agent can sign documents, a starting date for the authorization and whether the authorization is for showing, breeding, registration, leases or transfers. Such authorization will be terminated by a written notarized form, signed by the owner, which gives the termination date. If the horse is sold the agent's authorization to execute documents for that horse is immediately terminated.

NOTE: An Authorized Agent CANNOT sign a transfer to sell the horse to their family members or themselves. Such a transfer would require the signature of the horse's recorded owner.

No additional charge is required for termination whether it is automatic due to transfer or by subsequent notice thereof.

In regard to ASHDA procedures, the recording of an Authorized Agent Agreement authorizes a person to execute documents pertaining to the recognized activities of breeding, registration, showing, leasing or transfers.

Horse's Name: _____ Registration #: _____

Color: _____ DOB _____

Authorized Agent is hereby allowed to sign documents for the above listed horse for (Check all that apply)
() Breeding and Stallion Reports () Registration () Showing () Leasing () Transfer of ownership

ATTENTION: Please note that the beginning date must be prior to any date of transaction.

BEGINNING DATE _____

By executing this authorization form, I represent that I have such ownership and/or authority as to grant this authorization

Printed Name of Recorded Owner: _____ ASHDA Membership #: _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Signature of Owner: _____

By signing this authorization form, and acknowledging responsibility for the documents I sign, I accept that I will be held accountable for any incorrect information or fraudulent intentions related to those documents.

Printed Name of Authorized Agent: _____ ASHDA Membership #: _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Signature of Agent: _____

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC. Subscribed to and sworn to before me this _____ day of _____, 20____.

Notary Public signature X _____

(Notary's Seal)

My commission expires _____