

Quarter Horse

(Embryo Transfer)

NMHBA Registration Number

[Registration Number Box]

For Office Use Only

[Name of foal box]

name of foal

[If unnamed-so state box]

if unnamed-so state

[Color box]

color

[Sex box]

sex

[Month box]

month

[Day box]

day

[Year born box]

year born

[Sire box]

sire

[Dam box]

dam

[Mare's last breeding date for this foal box]

mare's last breeding date for this foal

[Recipient mare box]

recipient mare

[Date of transfer box]

date of transfer

**DESCRIBE** ranch or farm location where foal was born:

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DONOR MARE (dam)**  
**LIST all locations where mare was kept during her pregnancy.**  
**(DESCRIBE EACH LOCATION IN DETAIL)**

The information requested below is provided in as much detail as possible. The Association reserves the right to require that additional information be provided prior to final processing of the Application. The Association also reserves the right, at any time, to require that additional information be provided to verify the accuracy of your representations.

\_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_  
 month/year month/year

\_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_  
 month/year month/year

\_\_\_\_\_

**If space provided is insufficient for a complete description, please attach additional pages.**

**RECIPIENT MARE (the mare that carries the foal)**  
**LIST all locations where mare was kept during her pregnancy.**  
**(DESCRIBE EACH LOCATION IN DETAIL)**

The information requested below is provided in as much detail as possible. The Association reserves the right to require that additional information be provided prior to final processing of the Application. The Association also reserves the right, at any time, to require that additional information be provided to verify the accuracy of your representations.

\_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_  
 month/year month/year

\_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_  
 month/year month/year

\_\_\_\_\_

**If space provided is insufficient for a complete description, please attach additional pages.**

Owner of Sire \_\_\_\_\_  
 If this was by Transported Semen, to whom & where was the semen shipped? \_\_\_\_\_  
 \_\_\_\_\_  
 Location where breeding took place \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of **OWNER**  
 (Applicant) \_\_\_\_\_  
 Please print or type  
**OWNER'S** signature \_\_\_\_\_  
 Owner's address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Starting with foals born in 2019,  
 the Quarter Horse Breeder of record is the owner of the dam at time of conception.  
 The breeder of record for all foals prior to 2019 is the owner of the dam at the time of foaling.**

Name of **BREEDER** \_\_\_\_\_  
 Please print or type  
**BREEDER'S** signature \_\_\_\_\_  
**Partnerships require manager's signature**  
 Breeder's address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please be advised that the Association relies upon the accuracy of your representations concerning the Breeder. You are acknowledging, by executing this form, that you will hold the Association harmless if you have misrepresented any information concerning the Breeder and the Association has relied to its detriment upon that information.

**MAIL TO: NEW MEXICO HORSE BREEDERS' ASSOCIATION  
 4836 HARDWARE DR. NE, SUITE B, ALBUQUERQUE, NM 87109  
 PHONE (505) 262-0224**

Registration as a New Mexico Bred **IS NOT COMPLETE UNTIL WE HAVE RECEIVED FROM YOU THE ORIGINAL FOAL CERTIFICATE PAPERS FOR FINAL APPROVAL AND STAMPING.**

**NOTE:** This application must be signed by the **OWNER** and **BREEDER** (or their authorized representative) attesting to the accuracy of the above.

**Registration fees currently in effect:**

weanlings .....\$60  
 yearlings ..... \$150  
 2 year-olds ..... \$1,000  
 older ..... \$2,000

**If your membership fees are not paid-up, please enclose annual dues. (Use Form #400)**

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\_\_\_\_\_ date received

\_\_\_\_\_ date approved  
 and seal affixed

\_\_\_\_\_ NM Bred #