

Indicate which breed (mark square with an X)

<input type="checkbox"/>	<input type="checkbox"/>
TB	QH

NMHBA Registration Number

For Office Use Only

<input type="text"/>	<input type="text"/>
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name of foal

if unnamed - so state

<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
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color

sex

month

day

year born

<input type="text"/>	<input type="text"/>	<input type="text"/>
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sire

dam

mare's last breeding date
for this foal

DESCRIBE ranch or farm location where foal was born:

City _____ State _____ Zip _____

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

The information requested below is to be provided in as much detail as possible. The Association reserves the right to require that additional information be provided prior to final processing of this 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 _____

Thoroughbred Breeder of record is the owner of the dam at time of foaling. 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 _____
Business/Syndicate/Farm 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 #