

Quarter Horse

(Embryo Transfer)

NMHBA Registration Number

[Empty box for registration number]

For Office Use Only

[Empty box for name of foal]

name of foal

[Empty box for if unnamed-so state]

if unnamed-so state

[Empty box for color]

color

Male Female

sex

[Empty box for month]

month

[Empty box for day]

day

[Empty box for year born]

year born

[Empty box for sire]

sire

[Empty box for dam]

dam

[Empty box for mare's last breeding date for this foal]

mare's last breeding date for this foal

[Empty box for recipient mare]

recipient mare

[Empty box for date of transfer]

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 _____
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 #