

(Please print or type)

Quarter Horse

(Embryo Transfer)

NMHBA Registration Number

[Empty box for NMHBA Registration Number]

For Office Use Only

[Empty box for Name of Foal]

Name of Foal

[Empty box for Name of Foal]

If unnamed - so state

[Empty box for Color]

Color

Male  Female

Sex

[Empty box for Month Born]

Month Born

[Empty box for Day Born]

Day Born

[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

Was this by ICSI?

YES  NO

[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 \_\_\_\_\_

For BOTH BOXES BELOW, LIST all locations where mare was kept during her pregnancy.

(DESCRIBE EACH LOCATION IN DETAIL)

The information requested in both of the two boxes 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.

DONOR MARE (Dam)

\_\_\_\_\_ to \_\_\_\_\_

Month/Year

Month/Year

\_\_\_\_\_ to \_\_\_\_\_

Month/Year

Month/Year

RECIPIENT MARE (the Mare that carries the Foal)

\_\_\_\_\_ to \_\_\_\_\_

Month/Year

Month/Year

\_\_\_\_\_ to \_\_\_\_\_

Month/Year

Month/Year

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

MUST BE COMPLETED AND SIGNED ON REVERSE SIDE

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 \_\_\_\_\_

- Quarter Horse Breeder of record is the owner of dam at time of conception.
- Thoroughbred Breeder of record is the owner of dam at time of foaling.  
 (The breeder for all foals prior to 2019 is the owner of dam at time of foaling.)

**NMHBA goes by breeder listed on horse's registration certificate.**

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

**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
- Out of State Foaling Fee..... additional \$500

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

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