

AMERICAN RHINELAND STUDBOOK FOAL REGISTRATION BY MAIL FORM

Completed forms should be mailed, e-mailed or faxed to:
American Hanoverian Society, 4067 Iron Works Parkway, Suite 1, Lexington, KY 40511-8483
Phone: 859-255-4141 • Fax: 859-255-8467 • E-mail: ahsoffice@aol.com

OWNER INFORMATION:			
Owner's Name _____		Current Member _____ New Member _____	
Address _____			
City _____		State _____	Zip _____
Telephone (day) _____		FAX _____	E-mail _____

A COPY OF THE DAM'S REGISTRATION CERTIFICATE MUST BE INCLUDED WITH ALL FOAL REGISTRATIONS

Sex of Foal (Colt/Filly)	Date of Birth	Registered Name of Dam of Foal	Breed of Dam	Registration No. of Dam of Foal	Sire of Foal	Registration No. of Sire

Effective 2017, ALL ARS FOALS ARE MICROCHIPPED. A microchip and DNA parentage verification kit will automatically be mailed for foals out of mares already in the ARS breeding program. For foals out of mares being inspected, the microchip and DNA kit will be sent AFTER their dam passes inspection.

CALCULATION OF FEES: All fees **MUST** be paid in advance at time of enrollment. **Price Each** **Total Fees**

Membership Fees (All memberships are calendar year)		
New Active Member (for those who were not a member in 2017)	\$80.00	
Active Renewal (for those who were a member in 2017)	\$95.00	
Upgrade from Associate or Junior Membership	\$25.00 or \$55.00	
Foal Registration Fees		
_____ 2018 Foal Registration (includes DNA Kit and Microchip) Number	\$225.00	
_____ 2017 Foal Registration (includes DNA Kit and Microchip) Number	\$275.00	
_____ Mare Dues Not Paid Year Foal Conceived Number	\$40.00	
_____ Mare Dues Not Paid for Year Of Foaling Number	\$40.00	
_____ Foreign Sire Fee (for foal sired by a HV-approved stallion standing abroad) Number	\$150.00	
DNA Kit Fee		
For non-DNA typed mares with ARS offspring to register	\$60.00	
_____ DNA Kit for _____ Number (Mare's Name)		
	TOTAL FEES	

I would like to pay via: Check Visa MasterCard Discover

A 3% ADMINISTRATIVE FEE IS APPLIED TO ALL CREDIT CARD PAYMENTS

BY MY SIGNATURE I AUTHORIZE THE AHS OFFICE TO CALCULATE AND CORRECTLY CHARGE THE APPROPRIATE FEES. I FURTHER AGREE THAT MY CREDIT CARD STATEMENT WILL SERVE AS PROOF OF PAYMENT AND RECEIPT.

SIGNATURE OF OWNER _____ Date _____

Name as listed on Credit Card: _____

Card Number: _____ - _____ - _____ - _____ Exp. Date: _____ / _____

Verification Code (Last 3 digits in Signature Line): _____ Zip Code of Billing Address: _____