

AHS/ARS 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@hanoverian.org

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 REGISTERED FOALS ARE MICROCHIPPED** (Call the AHS Office if you are registering a foal previously microchipped.) A microchip and DNA parent-verification kit will automatically be mailed for foals out of mares already in the AHS/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 2018)	\$80.00	
Active Renewal (for those who were a member in 2018)	\$95.00	
Upgrade from Associate or Junior Membership	\$25.00 or \$55.00	
Foal Registration Fees		
_____ 2019 Foal Registration (includes DNA Kit and Microchip) Number	\$240.00	
_____ 2018 Foal Registration (includes DNA Kit and Microchip) Number	\$290.00	
_____ Mare Dues Not Paid Year Foal Conceived Number	\$60.00	
_____ Mare Dues Not Paid for Year Of Foaling (\$40 if paid BEFORE May 1, 2019) Number	\$40.00/\$60.00	
_____ 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 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: _____