

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 PAPERS MUST BE INCLUDED WITH ALL FOAL REGISTRATIONS.

Sex of Foal (Colt/Filly)	Date of Birth ___/___/___	HAN. or RHLD. Foal	Registered Name of Dam of Foal	Breed of Dam of Foal	Registration # of Dam of Foal	Registered Name of Sire of Foal	Registration # of Sire of Foal

Effective 2017, **ALL REGISTERED FOALS ARE MICROCHIPPED** (Call the AHS Office if your foal has been previously microchipped.) **A microchip and DNA parent-verification kit will automatically be mailed** for foals out of mares already in the AHS/ARS breeding programs. For foals out of mares being inspected, the microchip/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 2020) Active Renewal (for those who were a member in 2020) Upgrade from Associate or Junior Membership	\$80.00 \$95.00 \$25.00 or \$55.00	
Foal Registration Fees		
_____ 2021 Foal Registration (includes DNA Kit and Microchip) Number	\$320.00	
_____ 2020 Yearling Foal Registration (includes DNA Kit and Microchip) Number	\$370.00	
_____ 2019 or Older Foal Registration (includes DNA Kit and Microchip) Number	\$420.00	
_____ Inactive Sire Fee (for foal sired by an approved Inactive stallion) Number	\$150.00	
_____ 1b Stallion Fee (for foal sired by a stallion approved via WBFSH ranking) Number	\$150.00	
DNA Kit Fee For non-DNA typed mares with offspring to parent-verify for registration. _____ DNA Kit for _____ Number (Mare's Name)	\$60.00	
Call the AHS office if you decide to take your foal to an inspection site so we can add the foal to the inspection site list and send the pedigree information to our judges prior to inspection day.	TOTAL FEES	

I would like to pay via: Check Visa MasterCard Discover

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: ____ ____ ____

Card Billing Address: _____