



THE AMERICAN HANOVERIAN SOCIETY
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LEXINGTON, KY 40511

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Transfer of Ownership

To transfer ownership, the current owner (Seller) shall complete a transfer of ownership form and sign and date as seller.

The purchaser (Buyer) shall also sign and date the transfer form as buyer.

Transfer of Ownership can be completed ONLINE at hanoverian.org.

There are places to upload this form (or a copy of the bill of sale) and a copy of the registration papers.

Or, send this form to AHS along with a PHOTOCOPY of the registration papers and appropriate transfer fees.

ORIGINAL PAPERS SHOULD NOT BE SENT TO THE AHS OFFICE

In the case of German-papered horses that have been issued a passport, a photocopy of the Certificate or Ownership will suffice, or alternatively photocopies of the front cover and pages 2-3 of the passport may be sent.

Upon receipt of the Transfer of Ownership form (or bill of sale) and a copy of the registration papers the owner(s) of record will be amended in the AHS database and a sticker will be mailed to the new owner(s) to affix onto the original registration papers.

Transfer Fees:

Member Transfer - \$60

Non-Member Transfer - \$100

Membership Fees:

I am a current member of the AHS: ____ Yes ____ No Would you like to join as an AHS Member? ____ Yes ____ No

If so, which type: ____ Active (\$95) ____ Associate (\$70) ____ Junior (\$40) ____ Lifetime (\$1000)

THE FOLLOWING INFORMATION MUST BE COMPLETED:

Name of Horse: _____ Registration Number: _____

Date of Sale: _____ Has this horse been gelded? ____ Yes ____ No ____ N/A

SOLD TO:

Name of Buyer (s): _____

Farm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

I (We) certify that all information on this form is, to the best of my knowledge, true and factual. I (We) do further hereby transfer and assign all rights to this horse/foal to the person(s) listed above as buyer.

Signature of Recorded Owner (seller)

Signature of Buyer (s)

Printed Name of Recorded Owner (seller)

Printed Name of Buyer (s)

Date: _____

Date: _____

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 Cardholder: _____ Date: _____

Billing Address of Card If Different From Above: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date: _____ Verification Code: _____