



**THE AMERICAN HANOVERIAN SOCIETY**

**4067 IRON WORKS PKWY, SUITE 1**

**LEXINGTON, KY 40511**

**Phone: (859) 255-4141 Fax: (859) 255-8467**

**E-mail: [ahsoffice@hanoverian.org](mailto:ahsoffice@hanoverian.org) Website: [www.hanoverian.org](http://www.hanoverian.org)**

## 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 [www.hanoverian.org](http://www.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 of 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: Phaedra Registration Number: 840 023 036155915

Date of Sale: 06/12/2024 Has this horse been gelded? \_\_\_\_ Yes \_\_\_\_ No X N/A

SOLD TO:

Name of Buyer (s): Rachele K Pezel


Farm Name: \_\_\_\_\_

Address: 743 Kekona Place

City: Makawao State: HI Zip: 96768

Primary Phone: (808) 384-9626 Alternate 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)

Emily Roberts

Printed Name of Recorded Owner (seller)

  
\_\_\_\_\_  
Signature of Buyer (s)

Rachele K Pezel

Printed Name of Buyer (s)

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: \_\_\_\_\_