



## REQUEST FOR NAME CHANGE

Horse Current Name \_\_\_\_\_ RMHA No. \_\_\_\_\_

Request name change to:

Choice #1 \_\_\_\_\_

Choice #2 \_\_\_\_\_

Choice #3 \_\_\_\_\_

Answer the following questions and base consideration on present owner and ALL previous owners:

Has horse ever been shown?  Yes  No

Has horse ever been bred?  Yes  No

**NOTE:** See Section 4.3 of Registry Rules regarding name changes. Violation of this section will VOID a name change WITHOUT fee refund.

I certify this horse has never been shown or bred.

Owner \_\_\_\_\_ Date \_\_\_\_\_

Co-owner (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

- ATTACH**
- Payment for \$75.00
  - Original Certificate of Registration
  - Letter from person naming horse concurring with change

There will be a convenience fee for any paperwork submitted without payment. There is a 4% fee for credit card payments.

Make check payable in U.S. Dollars to "RMHA"

Check Amount Enclosed \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Pay by credit card (choose one)  VISA  MasterCard  Discover

Card No. \_\_\_\_\_

Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Mail completed form with payment to: RMHA, 4651 Ironworks Pike, Ste 156, Lexington, KY 40511

### Office Use Only

Received by RMHA \_\_\_\_\_ Date \_\_\_\_\_

Received by Registry \_\_\_\_\_ Date \_\_\_\_\_

New Certificate Issued \_\_\_\_\_ Date \_\_\_\_\_



## PERMISSION FOR NAME CHANGE

PLEASE PRINT

I \_\_\_\_\_ (person who named horse)

hereby give permission to \_\_\_\_\_ (new owner)

to change \_\_\_\_\_ (the horse's name)

\_\_\_\_\_ (RMHA No.)

to \_\_\_\_\_ (new name)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Permission to name the horse must come from the person or Legal Entity who originally named the horse. The person who named the horse is not necessarily the breeder. Please contact the RMHA office to verify the person who named the horse.