

BREEDING CERTIFICATE & APPLICATION FOR REGISTRATION

NOTE: THIS FORM REPLACES THE OLD BREEDING CERTIFICATE. BREEDERS, PLEASE FILL OUT THE BOX BELOW AS YOUR BREEDING CERTIFICATE

Before any Rocky Mountain Horse can receive a Certificate of Registration, the sire and dam must have RMHA DNA on file at the RMHA Registry Office and sire/dam Certificate of Registration MUST show 'CERTIFIED TO BREED'.

BREEDING CERTIFICATE Stallion Owners: Please fill out this box.				
Sire				
RMHA No	Certification Date			
Owner				
Address	Telephone:			
Dam				
RMHA No	Certification Date			
Owner				
	Telephone:			
	/State of Breeding			
Gity/state of breeding				
Sire Owner/Agent Signature:	email:			
APPLICATION FOR REGISTRATION				
Foal Date:	Check one: o Stallion o Mare o Gelding			
Print up to 3 name selections. (List in order of preference. Maximum of 30 characters including spaces.				
Punctuation is not allowed. Exception: apostrophes (') are permitted)				
City/State of Foal Birth				
NOTE: Attach the following items to this form:				
o Registration Fee: \$42 for horses under 9 months old. \$131 for horses 9 months or older. o DNA Fee: \$50				
o Additional \$150 fee will apply if Sire or Dam not certified at time of breeding				

o If applicant is NOT an RMHA member, include application & check for membership or \$75 non-member fee will apply to services ROCKY MOUNTAIN HORSE ASSOCIATION | 4561 IRON WORKS PIKE, STE 156 | LEXINGTON, KY 40511 | 859-644-5244 | RMHORSE.COM

o Current (taken within the last 90 days) printed photos (front/back/right side & left side) - showing the entire horse, including

hooves. ALL PHOTOS MUST BE LABELED WITH CHOSEN NAME

o Sample DNA - 30 or more tail hairs with bulbs (follicles)

Applied Foal/Horse's Name		
I, (print name)application are true and correct. I understand that Association before breeding and must be three ye	_, hereby certify that the sta this animal should be certif	atements subscribed by me in this ied by the Rocky Mountain Horse
Applicant/Owner of Foal (please print)		
RMHA Membership No		
Address		
Home Phone	Cell	
Email		
Signature	Date	
RMHA Bo	ody and Facial Markings	S
Please include four pictures of the horse with thi The horse's full body must be visible in al	II pictures (ear tips to hooves	s). All markings must be visible.
(A) Right Fore		
(D) Left Fore		
(B) Right Hind		
(C) Left Hind		
Color and Markings		
Make check payable to the RMHA in US Dollars		
Check one: o Visa o MasterCard o Discover		
Card No	Expiration date	Security Code
Signature		

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



HORSE DNA SUBMISSION FORM

Date					
Use this form when REGIST	ERING a foal/horse OR when requestir	ng PROOF OF PARENTAGE.			
Complete the DNA form as required (owner/agent signs at bottom of form as well as person collecting hair samples. Follow instructions below for collecting DNA sample.					
INSTRUCTIONS:					
 Thoroughly wash and dry hands. Pull 20 – 30 mane or tail hairs by wraph the body to include roots. Pull straight ROOT BULBS. Place sample in shaded box (below) with the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with payment and the sample in shaded box (below) with the sample in shaded box (below). 	t toward your body. Visually check root ith roots at left. Tape in place with tape	ts are attached to hair. DO NOT TOUCH			
OWNER					
Name	RMHA No				
Address					
Phone					
ANIMAL BEING TESTED					
Name	Sex				
RMHA No					
PARENT INFORMATION					
Name of Sire	RMHA No				
Name of Dam					
PLACE ROOTS HERE	TAPE HERE	REST OF HAIR HERE			

Mail form to:

RMHA 4561 Iron Works Pike, Ste 156 Lexington, KY 40511 DNA samples submitted become the property of the RMHA and can be used for, and not limited to: DNA testing, genetic disease testing, parentage testing, research and other studies.

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