

ARHA

Transfer Report

American Roan Horse Association

Instructions:

1. Print or type all requested information.
2. The color and markings of the horse should be verified with the Certificate of Registration.
3. Any erasure or alteration on this report may necessitate verification.
4. The Certificate of Registration should list the owners as the person selling the horse.
5. Consult the ARHA Official Handbook regarding transfer rules or contact ARHA.
6. Remit appropriate fees, the Transfer Report and the Certificate of Registration to ARHA.

We certify that the horse registered with the American Roan Horse Association as described on the Certificate of Registration delivered to ARHA in conjunction with this Transfer Report. We authorize ARHA to record the transfer of ownership of the horse upon ARHA's receipt of all required transfer items.

Gelded: yes__ date if known __/__/__ no__

Horses Name _____ **Registration Number** _____

If this transfer is for an unregistered foal, indicate year foaled and name of registration numbers of sire and dam.

Year foaled _____ Sire _____ Dam _____

Date of Sale ____/____/____ List month, day, and year possession of horse actually changed.

Sold To (BUYER'S name) _____ **Buyers ARHA ID#** _____

Buyer must have a current year membership in exact name listed above or pay a nonmember fee.

Print Buyer's name which must not exceed 30 characters (letters, spaces and punctuation).

Buyer's address- Street or Box number _____ City _____ State _____ Zip Code _____
(_____) (_____) (_____) (_____)

Buyer's Home telephone number _____ Buyer's Daytime telephone number _____ Buyer's E-mail address _____

I/We further certify the horse sold is the horse registered with ARHA as described on the Certificate of Registration delivered to ARHA.

Written Signature of Seller x _____

Printed Name of Seller _____ **Seller's ARHA ID#** _____

Seller's Address- Street or Box number _____ City _____ State _____ Zip Code _____
(_____) (_____) (_____) (_____)

Seller's Home telephone number _____ Seller's Daytime telephone number _____ Seller's E-mail address _____

Required: If consigned to auction sale, please give name, date and mailing address of Sale Company

Company Name _____ Mailing Address _____ Date of Auction _____

Fees-Subject to Change without Notice

-Transfer fee for current ARHA member-----\$ 10

-Transfer fee for nonmember who wishes to become a 12 month ARHA member-----\$ 30

- Transfer fee for non member who wishes to become a ARHA-Y (youth) member-----\$ 17.50

Total amount enclosed _____

-US Funds only-Do Not send Cash

-If you wish to pay your fees with a Visa or Master card

Please complete the following:

Card Number _____ - _____ - _____ Expires _____ - _____

Card Holders Name: _____

Signature _____

Address _____

City _____ State _____ Zip _____

Telephone(_____) _____

Mailing Address

ARHA

6172 South SR1

Hamilton, IN 46742