

# Application for Friesian Warmblood Registration



**Please print clearly. Send this completed form and fees to:  
American Friesian Association**

Attn: Ken Lee 1090 Little Buffalo Creek Rd., Nahunta, GA 31553  
(912) 462-6330

\*\*\*Please include four photos of your horse clearly showing the front, back and each side of the horse for our files.\*\*\*

Name of horse: (Please Print) \_\_\_\_\_

Color of horse: \_\_\_\_\_ Sex: Mare( ) Stallion( ) Gelding ( )

List all markings on horse: \_\_\_\_\_

Foaling Date: \_\_\_\_\_  
MONTH DATE YEAR CITY AND STATE FOALED

If horse has a microchip, please include the number here \_\_\_\_\_

Parentage: Name	Registry	Registration #	Owner at time of breeding
Sire: _____	_____	_____	_____
Dam: _____	_____	_____	_____

\*\*\*\* MUST INCLUDE A COPY OF SIRE AND DAM'S PEDIGREE SHOWING AT LEAST THREE GENERATIONS \*\*\*\*

**Current Registration (If Applicable)**

Please provide a copy of your horse's current registration papers.

**Mare Owner's statement:** (for newly registered horses only, not required for horses with existing registration papers from other registries, must include copy of pre-existing papers)

As recorded owner or lessee of the dam at the time this horse was foaled (or authorized agent of said owner/less), I hereby certify that all information on this registration application is true and correct to my personal knowledge.

Printed Name of owner/lessee at time of foaling: _____	Written signature of owner/lessee (or authorized agent) of dam when foal was born (DO NOT PRINT) _____
Address _____	Daytime telephone Number (including area code) _____
City, State and Zip Code _____	Email Address _____

## BREEDER'S CERTIFICATE SECTION - Any erasure or alteration in this section will require verification.

This is to certify that the stallion and mare listed as sire and dam above were bred on \_\_\_\_\_ (month, day and year)

Please check one, Live cover ( ) AI with Fresh cooled semen ( ) AI with Frozen semen ( )

\_\_\_\_\_  
SIGNATURE OF STALLION OWNER OR LESSEE AT TIME OF BREEDING

\_\_\_\_\_  
SIGNATURE OF MARE OWNER OR LESSEE AT TIME OF BREEDING

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Please check one:

	<b>Member</b>	<b>Non-Member</b> <small>(includes complimentary membership thru Dec. 31<sup>st</sup>)</small>
<b>Registration Fee:</b> Includes required DNA testing	[ ] \$65	[ ] \$105
Optional Red Gene test	[ ] \$30	[ ] \$ 30

\* DNA is required on all horses Red gene test is optional and will require a separate fee of \$ 30.00

Total Fees Enclosed: \$ \_\_\_\_\_

**Farm/Company:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Your Signature** \_\_\_\_\_

For Office Use Only:	
Date Received:	Date Recorded:
Processed by:	