

## **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					
	Telephone:				
	·				
RMHA No Certification Date					
Owner					
Address	Telephone:				
Date of Breeding City/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: \$40 for horses under 9 months old. \$125 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 Sample DNA - 30 or more tail hairs with bulbs (follicles)

hooves. ALL PHOTOS MUST BE LABELED WITH CHOSEN NAME

o If applicant is NOT an RMHA member, include application & check for membership or \$75 non-member fee will apply to services

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

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 requestin	g PROOF OF PARENTAGE.	
Complete the DNA form as required (or Follow instructions below for collecting	wner/agent signs at bottom of form as v DNA sample.	well as person collecting hair samples.	
INSTRUCTIONS:			
<ol> <li>Thoroughly wash and dry hands.</li> <li>Pull 20 – 30 mane or tail hairs by wraphthe body to include roots. Pull straight ROOT BULBS.</li> <li>Place sample in shaded box (below) with Send to RMHA along with payment and the straighth shaded box.</li> </ol>	t toward your body. Visually check root ith roots at left. Tape in place with tape	s are attached to hair. DO NOT TOUCH	
OWNER			
Name	RMHA No		
Address			
Phone			
ANIMAL BEING TESTED			
Name	Sex		
RMHA No	Date of Birth		
PARENT INFORMATION			
Name of Sire	RMHA No	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.

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