

Applied Foal/Horse's Name _____

I, (print name) _____, hereby certify that the statements subscribed by me in this application are true and correct. I understand that this animal should be certified by the Rocky Mountain Horse Association before breeding and must be three years of age before showing under saddle.

Applicant/Owner of Foal (please print) _____

RMHA Membership No. _____

Address _____

Home Phone _____ Cell _____

Email _____

Signature _____ Date _____

RMHA Body and Facial Markings

Please include four pictures of the horse with this application. Views of front, back, left, and right sides of the horse. The horse's full body must be visible in all pictures (ear tips to hooves). 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: Visa MasterCard 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 REGISTERING a foal/horse OR when requesting 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:

1. Thoroughly wash and dry hands.
2. Pull 20 – 30 mane or tail hairs by wrapping hair around forefinger. For foals, use tail hairs only. Grasp hair close to the body to include roots. Pull straight toward your body. Visually check roots are attached to hair. **DO NOT TOUCH ROOT BULBS.**
3. Place sample in shaded box (below) with roots at left. Tape in place with tape over hair shaft.
4. Send to RMHA along with payment and Registry Form.

OWNER

Name _____ RMHA No. _____

Address _____

Phone _____ E-mail _____

ANIMAL BEING TESTED

Name _____ Sex _____

RMHA No. _____ Date of Birth _____

PARENT INFORMATION

Name of Sire _____ RMHA No. _____

Name of Dam _____ RMHA No. _____

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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