



**THE AMERICAN HANOVERIAN SOCIETY**

**4067 IRON WORKS PKWY, SUITE 1**

**LEXINGTON, KY 40511**

**Phone: 859-255-4141 FAX: 859-255-8467**

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## ***NAME CHANGE FORM***

The name of a horse cannot be changed after the horse has been inspected and entered into the AHS breeding program. The new name must begin with the same letter as the previous name. It cannot exceed 20 letters including spaces and punctuation. The name cannot be used if it has already been used by another horse in the AHS database, however you may use initials or numbers after the name. Feel free to call the AHS Office and we will be glad to check and see if the name is available. The name change fee is \$100.

***Original Registration Papers must be sent to the AHS Office along with this form and the name change fee of \$100.***

**THE FOLLOWING INFORMATION MUST BE COMPLETED:**

**Current Name of Horse:** \_\_\_\_\_ **Reg. No.** \_\_\_\_\_

**New Name of Horse:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Other Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

I (We) request that the name be changed on the above-mentioned horse.

\_\_\_\_\_  
**Signature of Recorded Owner**

\_\_\_\_\_  
**Signature of Recorded Owner**

Date \_\_\_\_\_

Date \_\_\_\_\_

**PAYMENT – PLEASE NOTE A 3% ADMINISTRATIVE FEE IS APPLIED TO ALL CREDIT CARD PAYMENTS**

I would like to pay via: Check  Visa  MasterCard  Discover  : \_\_\_\_\_

Signature of Cardholder

**BY MY SIGNATURE I AUTHORIZE THE AHS OFFICE TO CALCULATE AND CORRECTLY CHARGE THE APPROPRIATE FEES. I FURTHER AGREE THAT MY CREDIT CARD STATEMENT WILL SERVE AS PROOF OF PAYMENT AND RECEIPT.**

**SIGNATURE OF OWNER** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name as listed on Credit Card:** \_\_\_\_\_

**Address Associated with Card if different from above:** \_\_\_\_\_

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

**Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Exp. Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Verification Code (Last 3 digits in Signature Line):** \_\_\_\_ \_\_\_\_ \_\_\_\_