

AMERICAN HANOVERIAN FOAL REGISTRATION BY MAIL FORM

Completed forms should be mailed, e-mailed or faxed to:
American Hanoverian Society, 4067 Iron Works Parkway, Suite 1, Lexington, KY 40511-8483
Phone: 859-255-4141 • Fax: 859-255-8467 • E-mail: ahsoffice@aol.com

OWNER INFORMATION:	
Owner's Name _____	Current Member _____ New Member _____
Address _____	
City _____	State _____ Zip _____
Telephone (day) _____	FAX _____ E-mail _____

2017 FOALS and/or 2016 FOALS FOR REGISTRATION: A COPY OF THE DAM'S REGISTRATION CERTIFICATE MUST be enclosed for every foal.

Sex of Foal (Colt/Filly)	Date of Birth	Registered Name of Dam of Foal	Breed of Dam	Registration No. of Dam of Foal	Sire of Foal	Registration No. of Sire

Effective 2017, ALL AHS FOALS ARE MICROCHIPPED. A microchip and DNA parentage verification kit will automatically be mailed for foals out of mares already in the AHS breeding program. FOR FOALS OUT OF MARES BEING INSPECTED, THE MICROCHIP AND DNA KIT WILL BE SENT AFTER THEIR DAM PASSES INSPECTION.

CALCULATION OF FEES: All fees **MUST** be paid in advance at time of enrollment.

	Price Each	Total Fees
Membership Fees (All memberships are calendar year)		
New Active Member (for those who were not a member in 2016)	\$80.00	
Active Renewal (for those who were a member in 2016)	\$95.00	
Upgrade from Associate or Junior Membership	\$25.00 or \$55.00	
Foal Registration Fees		
____ 2017 Foal Registration (includes DNA Kit and Micrchip) Number	\$225.00	
____ 2016 Foal Registration (includes DNA Kit and Micrchip) Number	\$275.00	
____ Mare Dues Not Paid Year Foal Conceived Number	\$60.00	
____ Mare Dues Not Paid for Year Of Foaling (For 2017 Foals, Dues are \$40 if Paid BEFORE May 1, 2017 and \$60 AFTER May 1, 2017) Number	\$40.00 / \$60.00	
____ Foreign Sire Fee (for foal sired by a HV-approved stallion standing abroad) Number	\$150.00	
DNA Kit Fee		
For non-DNA typed mares with AHS offspring to register	\$60.00	
____ DNA Kit for _____ Number (Mare's Name)		
	TOTAL FEES	

I would like to pay via: Check Visa MasterCard Discover

A 3% ADMINISTRATIVE FEE IS APPLIED TO ALL CREDIT CARD PAYMENTS

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: _____

Card Number: _____ - _____ - _____ - _____ Exp. Date: _____ / _____

Verification Code (Last 3 digits in Signature Line): _____ Zip Code of Billing Address: _____