

## 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](mailto:ahsoffice@aol.com)

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

**2018 FOALS and/or 2017 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
<b>Membership Fees (All memberships are calendar year)</b>		
New Active Member (for those who were <b>not</b> a member in 2017)	\$80.00	
Active Renewal (for those who <b>were</b> a member in 2017)	\$95.00	
Upgrade from Associate or Junior Membership	\$25.00 or \$55.00	
<b>Foal Registration Fees</b>		
____ 2018 Foal Registration (includes DNA Kit and Micrchip) Number	\$225.00	
____ 2017 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, 2018 and \$60 AFTER May 1, 2018) Number	\$40.00 / \$60.00	
____ Foreign Sire Fee (for foal sired by a HV-approved stallion standing abroad) Number	\$150.00	
<b>DNA Kit Fee</b>		
For non-DNA typed mares with AHS offspring to register	\$60.00	
____ DNA Kit for _____ Number (Mare's Name)		
<b>TOTAL FEES</b>		

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: \_\_\_\_\_