NON–APPALOOSA LISTING APPLICATION

2720 W. Pullman Road. Moscow, ID 83843 ◆ (208) 882-5578 ◆ www.appaloosa.com ◆ registration@appaloosa.com

If you are attempting to file a Stallion Breeding Report, apply for a Semen Transportation Certificate or register a foal out of a dam that is registered with one of the approved breed associations listed below, that stallion or mare must first be "LISTED" with the Appaloosa Horse Club. To list a stallion or mare, please submit the following items to the ApHC:

1. A photocopy of the front and back of the Certificate of Registration for all stallions and mares registered with an approved breed association and being used for breeding purposes in the ApHC. Stallions must be listed prior to the filing of the Stallion Breeding Report. Mares must be listed prior to the registration of their foals in the ApHC. Failure to list a stallion or mare may result in suspension in accordance with the *Official Handbook of the ApHC*.
2. The properly completed Non–Appaloosa Listing Application.
3. The one-time listing fee. If the Recorded Owner of the horse being listed is a current member, the fee is $25. If the Recorded Owner of the horse being listed is a nonmember, the fee is $90. Fees Subject To Change.

Approved Breed Associations

- ◆American Quarter Horse Association, Amarillo, Texas
- ◆ Arabian Horse Association (AHA) or any World Arabian Horse Organization (WAHO) member registry (must be a purebred Arabian recorded with AHA or WAHO)
- ◆The Jockey Club (Thoroughbred) (Must be recorded with the Jockey Club).

*You may wish to contact the ApHC office to verify the necessity of this fee, since it may have previously been paid.

Stallion/Mare One-Time Listing Card

Please list the following horse with the ApHC:

Horse's Name:_____ Registration Number:_____ Color:_____

Sire's Name:_____ Registration Number:_____

Dam's Name:_____ Registration Number:_____

SEX: ❑ Mare ❑ Stallion

Signature of Recorded Owner or Authorized Agent: X_____

Printed Name of Owner:_____

Mailing Address:_____ City: _____

State/Province:_____ Country:_____ Zip/Postal Code:_____

Day Phone: (_____) _____ -_____ Evening Phone: (_____) _____ - _____

E-mail Address:_____

CREDIT CARD CHARGES:

❑ VISA® ❑ MasterCard

Credit Card Number: _____
(PLEASE INCLUDE ALL RAISED NUMBERS) (EXPIRATION DATE)

Name of Cardholder (please print):_____

Mailing Address:_____ City_____

State/Province_____ Country: _____ Zip/Postal Code:_____

Day Phone: (_____) _____ -_____ Evening Phone: (_____) _____ -_____

E-mail Address: _____