

Transfer Report



FOR OVERNIGHT DELIVERY TO AQHA: 1600 QUARTER HORSE DR, AMARILLO, TX 79104 • MAILING ADDRESS: P.O. BOX 200, AMARILLO, TX 79168
WWW.AQHA.COM • © 806-376-4811 • FAX: 806-349-6405 • EN ESPAÑOL: 806-373-2281

INSTRUCTIONS:

1. Remit Certificate of Registration with transfer report and appropriate fees to AQHA.
2. Print or type all requested information.
3. Verify that the horse's color and markings match the Certificate of Registration.
4. The person selling the horse should be listed as the owner on the Certificate of Registration.
5. Any erasure or alteration may necessitate verification.
6. Consult the *AQHA Official Handbook* regarding complete transfer rules or contact AQHA.

We certify that the horse sold is the horse registered with the American Quarter Horse Association as described on the Certificate of Registration delivered to AQHA in conjunction with this transfer report. We authorize AQHA to record the transfer of ownership of the horse upon AQHA's receipt of all required transfer items.

GELDED:
 YES DATE (IF KNOWN, MM/DD/YYYY)

HORSE'S NAME

AQHA REGISTRATION NUMBER

If this transfer is for an unregistered foal, indicate foal's birthdate and name and registration number of sire and dam.

BIRTHDATE (MMDDYYYY) _____ SIRE _____ AQHA REGISTRATION NUMBER _____ DAM _____ AQHA REGISTRATION NUMBER _____

DATE OF SALE:
 DATE POSSESSION OF HORSE ACTUALLY CHANGED (MM/DD/YYYY)

BUYER'S AQHA ID #

SOLD TO:

BUYER'S NAME

FILL IN THIS CIRCLE IF THIS IS A NEW ADDRESS
 BUYER'S ADDRESS

CITY STATE/PROVINCE POSTAL CODE

DAYTIME TELEPHONE E-MAIL

SIGNATURE OF SELLER _____ SELLER'S AQHA ID # _____

FILL IN THIS CIRCLE IF THIS IS A NEW ADDRESS
 SELLER'S PRINTED NAME _____ SELLER'S ADDRESS (STREET OR BOX NUMBER) _____
 CITY _____ STATE/PROVINCE _____ POSTAL CODE _____

AREA CODE _____ DAYTIME PHONE _____ E-MAIL ADDRESS _____

REQUIRED: If consigned to auction sale, please give name, date and mailing address of sale company.

COMPANY NAME _____ MAILING ADDRESS _____ DATE OF AUCTION _____

FEES – SUBJECT TO CHANGE WITHOUT NOTICE

- Transfer fee for current AQHA or AQHYA Member \$20
- Transfer fee for nonmember who wishes to become a 12-month AQHA Member \$75
- Say Goodbye to Renewal Notices – Have your membership and/or *Journal* subscription automatically renewed on the credit card you provide. Nothing will lapse if you elect to auto renew. *You can cancel at any time.*
 If you do not wish to enroll in the auto renewal program, fill in this circle:
- Transfer fee for nonmember who wishes to become a 12-month AQHYA (Youth) Member \$40
 Birthdate of youth ___ / ___ / ___
- OPTIONAL – Special Handling - two-day service (in addition to regular fee). If you select special handling, please make note on the outside of your envelope, "Rush Transfer" . . . \$100
- OPTIONAL - Overnight Service is available to those who requested special handling above. This fee is only applicable for service within the United States and does not include Saturday delivery charges. For service outside the U.S. and/or Saturday service, contact our office for current rates \$20

Dues payments may be deductible by members as an ordinary and necessary business expense; however, contributions or gifts to the American Quarter Horse Association are not deductible as charitable contributions for federal income tax purposes. However, donations to the American Quarter Horse Foundation ARE tax deductible to the extent allowed by law. \$1 of your annual membership dues is designated for a subscription to *America's Horse*, AQHA's official member publication.

Through the payment of a membership fee to AQHA, I acknowledge that membership in AQHA is voluntary and I agree to be bound by all the terms and conditions of AQHA'S Official Handbook of Rules and Regulations.

AQHA OFFICIAL PUBLICATION SUBSCRIPTION

SUBSCRIPTIONS RATES		U.S.	CANADA	INTERNATIONAL
JOURNAL	1-year	\$ 25	\$ 50	\$ 80
	2-year	\$ 45		

To subscribe to *Ranch Horse Journal* or *Performance Horse Journal*, visit aqha.com/magazines

CHECK MONEY ORDER **IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:**
 AMERICAN EXPRESS MASTERCARD VISA

 CARD NUMBER

 EXP. DATE (MMYY) DAYTIME PHONE

 CARDHOLDER NAME

 CARDHOLDER SIGNATURE BILLING ZIP CODE

DO NOT SEND CASH • U.S. FUNDS ONLY