



Horse Competition License

Application

Lifetime of the Horse

Current Owner: _____ ASHA #: _____
First MI Last

Ranch Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

GENDER: (Check One) Mare Gelding Stallion

REGISTERED HORSES:

Registered Name: _____ Breed: _____ Breed Reg #: _____

- I have attached a copy of my breed registration papers. YES NO
- I am the current owner or immediate family member listed on the breed registration papers. YES NO

Exemptions:

- I have a formal lease agreement and it is attached to this form.
 A transfer of ownership is pending and it is attached to this form.

NON-REGISTERED HORSES:

Name of Horse to be Licensed: _____ Breed: _____

- I have attached photos or drawings of full left side, full right side, and head view that include all identifying markings and brands. YES NO
- I have attached documentation of age verification. (see handbook page 23, GR-90) YES NO

Exemptions:

- A certified veterinarian has filled out the information below.

Horse Color: _____ Color Mane/Tail: _____ Age: _____ Year Foaled: _____

Identified Horse Markings: _____

Name of Veterinarian: _____ Phone: _____ Email: _____

Signature of Veterinarian: _____ Date: _____

ASHA will endeavor to use the same name for a horse as on the breed registration papers and recognize only one owner for a horse registered with another association. Any misrepresentation or false statement on the license application shall constitute unsportsmanlike conduct and will subject owner and/or exhibitor to disciplinary actions as set forth in the ASHA Handbook. ASHA reserves the right to order any of, but not limited to the following: photographs, inspection, documentation of any horse currently registered with ASHA or any horse applying for an ASHA competition license to ensure conformance with rules and regulations set forth in the Official Handbook. ASHA reserves the right to deny licensing, and fees will be refunded.

Owner Signature: _____ Date: _____

Total Amount Enclosed: \$15.00 Visa/ MasterCard Check

Card #: _____ Expiration Date _____ CVC _____

Billing Address: _____

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