



Office Use Only

# Transfer Record (Form T)

Horse \_\_\_\_\_

Reg. #. \_\_\_\_\_

Received \_\_\_\_\_

The National Quarter Horse registry gives permission for this form to be used as a bill of sale with the understanding that it has provided this form as a form of ownership verification and will not mediate any arguments which may arise due to the sale/purchase of the equine or use of this form for personal use. **If signature of seller is unavailable**, please have an equine professional complete the Brand Inspection at the bottom of the page.

I \_\_\_\_\_ hereby sell one, \_\_\_\_\_, \_\_\_\_\_  
Print Seller Color Gender

Horse / Pony assumed to be \_\_\_\_\_ years old with registration \_\_\_\_\_  
Circle one Age Registry/Number

to \_\_\_\_\_ on \_\_\_\_\_  
Print Buyer Sale Date

further, as seller I certify that I have full legal right and title to the horse described above for the purpose of sale.

Signature (seller) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Print Name (Buyer) \_\_\_\_\_  
Fill in your information even if seller is no longer available

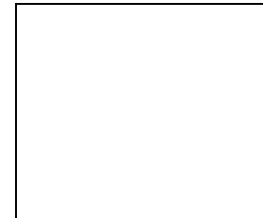
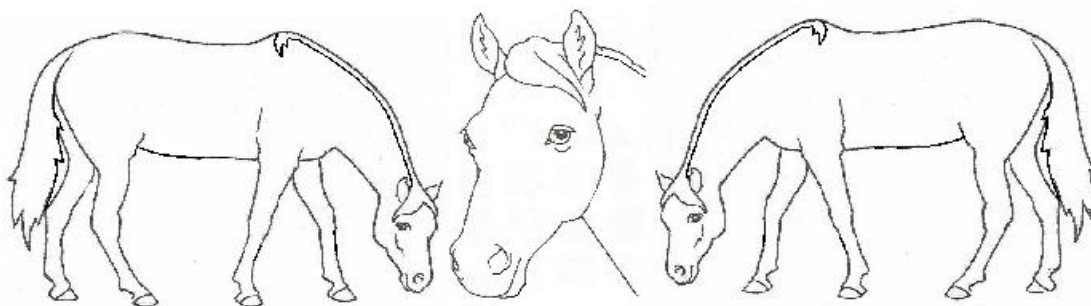
Signature (Buyer) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please shade in, and identify placement of all white markings, brands, and scars.

Draw Brand here  
If no brands print "No Brands" in box



Please include four full body photos (front, rear, right, left) with application

Draw Lip/EarTattoo # here

## Brand Inspection Form I

Only required if Signature of seller is unavailable

I (Print name) \_\_\_\_\_ a licensed (circle one) Veterinarian / Brand Inspector, do witness that the

(Color) \_\_\_\_\_, (Gender) \_\_\_\_\_ being shown to me belongs to

(Owner) \_\_\_\_\_ of (City, State) \_\_\_\_\_, and is bearing only the brand

and/or tattoo drawn below, which to the best of my knowledge is not reported as missing or stolen in my area.

Signature \_\_\_\_\_ Date \_\_\_\_\_ State Licensed \_\_\_\_\_