



# Application for Registration

## Office Use Only

Received \_\_\_\_\_  
 Number \_\_\_\_\_  
 Section \_\_\_\_\_  
 Completed \_\_\_\_\_  
 By \_\_\_\_\_

### Identification

Name Choices:

1 <sup>st</sup>																				
2 <sup>nd</sup>																				
3 <sup>rd</sup>																				

Section hoping to qualify for:

FULL QUARTER - QUARTER CROSS - QUARTER TYPE  
 PAINT - PAINT CROSS - PAINT TYPE - REG. OWNERSHIP

Sex of Foal/Horse  Stallion  Gelding  Mare  Spayed Mare

Date spayed/gelded: \_\_\_\_\_

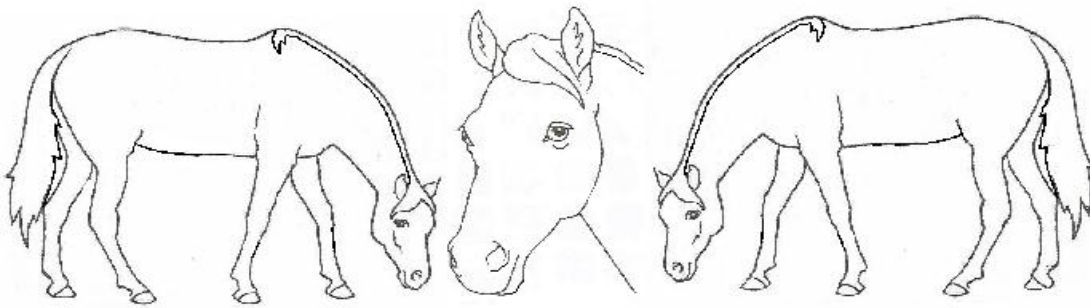
Body Color: \_\_\_\_\_ Eyes: \_\_\_\_\_ Mane: \_\_\_\_\_ Tail: \_\_\_\_\_ Height: \_\_\_\_\_  
A hand = 4 inches

Date Foaled: \_\_\_\_\_ State Foaled: \_\_\_\_\_

### Markings

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

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



Draw Lip/EarTattoo # here

### Ownership

Current Owner: \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Purchased from \_\_\_\_\_ Date purchased \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Leaser (if applicable): \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person purchased from \_\_\_\_\_ Date purchased \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please attach copy of lease agreement, bill of sale, or completed Form T.

By submitting this form I agree to release all the information herein to the National Quarter Horse Registry for recording and educating purposes. I understand that the names, address and personal information on this application will not be released to anyone with out my permission, unless requested by a court of law. Further I will certify that I am the legal owner of the applicant horse, and all of the information being submitted on the application is true and correct to the best of my belief and knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be sure to submit four full body (right, left, front, rear) photos of the horse to be used on your certificate.  
 Mail Application, forms, fees, and photos to current address listed on [www.nqhr.com](http://www.nqhr.com)