



QUARTER HORSE / THOROUGHBRED
STALLION LISTING FORM

QH OR TB STALLION LISTING FEE \$100.00 (Incl GST)

I hereby make application to have my Quarter Horse / Thoroughbred stallion (delete as applicable) listed by the PHAA to enable his progeny to be registered with the Association. A photocopy (front and back) of the horses current registration certificate is enclosed.

Name of Horse.....

Reg No. / ASB Vol & Page No.....

Owner

Owners Address

Telephone Number

Please complete either (1) or (2) below

(1) I, being the stallion owner, will be the only person signing breeding certificates

.....Signature of the Stallion Owner/s

(2) I hereby authorise the following persons to sign breeding certificates on my behalf until further notification from myself to the PHAA

PRINT NAME

SIGNATURE

.....

..... Signature of the Stallion Owner

If any stallion is leased, the certificate of recording/registration for the stallion and an official lease form must be forwarded to this office together with the appropriate lease fee and it is essential that the period of the lease be stipulated.

A Stallion Yearly Breeding Report will be forwarded to the recorded owner or lessee of the stallion each year. All PHAA mares bred to the stallion are to be recorded on the Report. The Report is to be completed and returned to the PHAA Office with the Association copy/ies of the Service Certificates and any appropriate fees within the due dates. Penalty fees apply to late lodgment of Reports.

All Quarter Horse stallions must already be approved for breeding by the AQHA and their certificate of registration noted accordingly. The Initial Breeding Fee must have been paid to the AQHA.

HYPP STATUS – N/N , N/H , H/H , UNKNOWN – Please indicate by circling appropriate status.

Any progeny of horses known to be carrying the HYPP gene MUST be tested for HYPP prior to being considered for registration. Progeny shown to be H/H or N/H will not be eligible for registration with the PHAA. Refer PHAA rule 113.

For rules regarding Artificial Insemination and Embryo Transfer please refer to the PHAA rule book.

PAYMENT

I / we enclose cheque / money order / credit card details of \$.....

Visa / MasterCard / Bankcard (Please Circle) Card No ____ / ____ / ____ / ____

Name on Card Expiry Date __ / __

Please note – Credit card payments will attract a 2.00% Merchant fee.

Signature(s).....Date:.....