PAINT HORSE ASSOCIATION OF AUSTRALIA

Paint Horse Association of Australia LTD
PO Box 1008, Dubbo NSW 2830 | Phone: 02 6884 5513
Email: office@painthorse.net.au | Website: www.painthorse.com.au
ABN: 43 003 155 691

DONOR MARE LISTING FORM

FEE $50

I hereby make application to have my PHAA / Quarter Horse / Thoroughbred mare (delete whichever is not applicable) listed by the PHAA as a donor mare to enable her subsequent progeny to be registered with the Association. A photocopy (front and back) of the horses current registration certificate is enclosed.

All mares listed as a donor with the PHAA must be upgraded with DNA Markers on file with the association with which they are registered.

Name of Horse: _____

Registration NO./ASB: _____

Owner: _____

Address: _____

Adress: _____

Town: _____ State: _____ Postcode: _____

Mobile _____ Email: _____

Signature: _____ Date: _____ / _____ / _____

If any mare is leased, the certificate of recording/registration for the mare 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. If the mare to be listed is in foal please state the name of the stallion who sired the foal.

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.

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

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

☐ I/We enclose cheque / money order / credit card details for $..... for above fees.

☐ I/we have paid $..... for above fees by direct deposit - Date of deposit _____ / _____ / _____

REF: (Please use your Membership No or Surname) _____..
Paint Horse Association of Australia BSB: 062 534 ACC: 1025 3938

☐ Card Payment: VISA / MASTERCARD (Please Circle)

Name on Card _____ Card No _____ / _____ / _____ / _____

Expiry Date _____ / _____

Signature: _____ Date: _____