

# Spanish Barb Horse Association



Discover the Horse that Discovered America

## Part 1 - APPLICATION FOR REGISTRATION- FORM A

\* For ages 3 months to 24 months

### HORSE NAME:

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Foaling Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

Sex:

\_\_\_\_ Stallion  
\_\_\_\_ Mare  
\_\_\_\_ Gelding

Date Gelded:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

Eye Color: \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Mane Color: \_\_\_\_\_ Tail Color: \_\_\_\_\_

Body Color: \_\_\_\_\_ Bay \_\_\_\_\_ Chestnut \_\_\_\_\_ Dun \_\_\_\_\_ Black \_\_\_\_\_ Brown \_\_\_\_\_ Buckskin

\_\_\_\_\_ Grullo \_\_\_\_\_ Palomino \_\_\_\_\_ Other: \_\_\_\_\_

Color Pattern: \_\_\_\_\_ Solid \_\_\_\_\_ Tobiano \_\_\_\_\_ Overo \_\_\_\_\_ Sabino \_\_\_\_\_ Roan \_\_\_\_\_ Leopard

SIRE: \_\_\_\_\_ Reg.No. \_\_\_\_\_ Color: \_\_\_\_\_

DAM: \_\_\_\_\_ Reg.No. \_\_\_\_\_ Color: \_\_\_\_\_

### OWNER:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

As owner, I hereby certify that all information on this registration is true and correct to my personal knowledge and agree that the Association has the privilege to correct and/or cancel the registration certificate for cause under its rules and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Part 2 – APPLICATION FOR REGISTRATION - FORM A - BREEDER CERTIFICATE

I hereby certify that I owned the mare \_\_\_\_\_  
Registered Name & Registration Number

At the time she was bred to the stallion \_\_\_\_\_  
Registered Name & Registration Number

For which registration is now being applied.

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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## Part 3 – APPLICATION FOR REGISTRATION – FORM A - SERVICE CERTIFICATE

I hereby certify that I *owned / leased* the stallion, \_\_\_\_\_  
*Underline appropriate above* Registered Name & Registration Number

At the time he bred the mare \_\_\_\_\_  
Registered Name & Registration Number

On the service dates of \_\_\_\_\_, \_\_\_\_\_

By:  Natural (Hand)  Pasture  Artificial Insemination

### OWNER OF STALLION at time of service:

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Stallion Owner Signature (*not required if Stallion Breeding report is on file*) Date

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## Part 4 – APPLICATION FOR REGISTRATION - FORM A - MARKINGS

**RIGHT SIDE Front View**

Legs

R L R L

Fore Legs Hind Legs

**LEFT SIDE Left View**

L R R L

Fore Legs Hind Legs

**Hoof Color**

	Light	Dark	Parti
Right Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Body Markings, Tattoo or Brand (if any)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RIGHT SIDE Front View**

R L L R

Hind Legs Fore Legs

**LEFT SIDE Left View**

L R L R

Fore Legs Hind Legs

## Part 5 – APPLICATION FOR REGISTRATION - FORM A – REGISTRAR USE ONLY

Date of receipt: \_\_\_\_\_ Amount received: \_\_\_\_\_ Check # \_\_\_\_\_

Date completed: \_\_\_\_\_ Date mailed: \_\_\_\_\_

Registration Number Assigned: \_\_\_\_\_