

FOR OFFICE USE
Date Received:
Amount Paid:
Check No:
Registration No:
Date Issued:

REGISTRATION OF H										
Description and identif			0=11=0.4=101	. ,			T 2.75 52.45			
	NUMBER OF SHAGYA HORSES IN THE FOURTH GENERATION: /out of 16 DATE FOALED:									
SEX: □ STALLION □ MARE □ GELDING → DATE CASTRATED: □ COLOR:										
A copy of a non-PShR parent's registration & pedigree must be included with this application.										
DNA TESTED: YES NO LAB ACCESSION #										
If the foal was not tested at Texas A&M a copy of the test must be supplied to the PShR.										
SCID TESTED: YES NO Refer to the PShR Breeding Guidelines for SCID policy.										
Purebred Arabian & Half-Arabian breeding stock must be SCID tested and a copy of the results must be provided with this application.										
	ID PHOTOS OF FOAL INCLUDED: YES NO Clear photos of all four sides of the foal are required. BREEDERS CERTIFICATE INCLUDED: YES NO MEMBER OF PSHR: YES NO									
FOAL NAME REQUESTS		,LD. 1LO	110	INCINDER OF TO	IIV. TEO	110				
Choice #1:										
Choice #2:										
Choice #3:										
AMOUNT OF CHECK EN	NCLOSED:		NΑ	ME ON CHECK:			CHECK NUMBER:			
AWOON OF OTLOKE	VOLCOLD.		IVA	IVIE ON OFFICIAL			OTIEGIC NOWIDER.			
BREEDER INFORMA		. 6 (1) 6 1 1 .				. ((. (attended to			
The mare owner is the Mare owner certifies h										
MARE NAME:	aving own	cu / icascu tiii	3 marc at the	BREED:	ici vicca tric	Stallion nai	ned below.			
BREED REGISTRY				REGISTRATIO	ON NO:					
OWNER/LESSEE:				TEOIOTIVATIO	JN 110.	FARM:				
ADDRESS:				CITY:		I AIXIVI.	STATE/PROV:			
ZIP/POSTAL:	COUNTR	DV-		PHONE:			EMAIL:			
RECORDED MARE OW			;.	THONE.			DATE:			
TREGORDED WARE OWN	TALTALLOOI	LE GIGIVATORE	•				DATE.			
SERVICE CERTIFICA			hin atallian at	the time he can	in and the analysis		an indicated			
Stallion owner certifies	s naving of	wned/leased ti	ns stallion at		nced the ab	ove mare a	as indicated.			
STALLION NAME:				BREED:	ON NO					
BREED REGISTRY:				REGISTRATI	REGISTRATION NO:					
OWNER/LESSEE:				OITY	FAF	KIVI:	OTATE/DDOV			
ADDRESS:	00111175			CITY:			STATE/PROV:			
ZIP/POSTAL: COUNTRY: PHONE: EMAIL:							EMAIL:			
	ALL BREEDING DATES:									
METHOD (List ALL Breeding Dates):										
□ NATURAL COVER										
☐ TRANSPORTED SEMEN										
□ AI										
□ EMBRYO TRANSFER										
RECORDED STALLION OWNER/LESSEE SIGNATURE: DATE:										
TRANSFER REPORT (if sold) I / We hereby transfer ownership of the horse being registered to the following new owner(s).										
BUYER NAME(S): FARM:										
ADDRESS:				CITY:			STATE/PROV:			
ZIP/POSTAL:	COUNTR	RY:		PHONE:			EMAIL:			
BUYER SIGNATURE(S):				•			DATE:			
SELLER SIGNATURE(S):							DATE:			



REGISTRATION APPLICATION

(Page 2 of 2)

MARKING Drawing Instructions.										
Drawing Instructions. 1. All white markings must be drawn and match ID photos										
Hoof color must be checked and evident in ID photos										
3. If the horse does not have white markings, check the box here and sign below No White Markings										
4. For grey horses:										
a. True white markings have underlying pink skin b. Scars or blemishes typically would not have underlying pink skin										
SIGNATURE OF PERSON DRAWING MARKINGS:	DATE:									
BODY COLOR: ☐ Bay ☐ Grey ☐ Chestnut ☐ Buckskin ☐ Dun ☐ Palomino ☐ Black 〔	□ Black Bay □ Brown									
☐ Liver Chestnut ☐ Grullo ☐ Tobiano ☐ Overo ☐ Leopard ☐ Blanket ☐ S	Snowflake ☐ Roan									
HOOF COLOR:										
Right Fore Leg	al									
Right Hind Leg ☐ Light ☐ Dark ☐ Partial ☐ Left Hind Leg ☐ Light ☐ Dark ☐ Partia	a									
GLASS EYE (blue?): ☐ No ☐ Yes → ☐ Left ☐ Right										
OWNEDCHID INFORMATION										
OWNERSHIP INFORMATION Joint ownership with "and" requires both signatures.										
Joint ownership with "and/or" or "or" only requires one signature.										
Applicants signing this form certify that all information submitted is true and correct to their personal knowledge, and agree that the Registry has the privilege to correct and/or cancel the registration certificate for cause under it's rules and regulations. Any horse registered or transferred through misrepresentation or fraud, together with its descendants, shall be deleted from the Registry. The Registry is not responsible for the accuracy of statements made on the application form.										
SIGNATURE	DATE:									
SIGNATURE	DATE:									
Star Strip or Blaze Snip Upper Lip, Lower Lip and Chin Body Markings, Tatoo or Bra	and (if any):									
Stocking Sock Fetlock Pastern Coronet Fore Legs Hind Legs Fore Legs Hind Legs Fore Legs Hind Legs Fore Legs Hind Legs	Hind View L R L R Fore Legs Hind Legs									