CANADIAN PARTBRED ARABIAN REGISTER

#113, 37 Athabascan Avenue, Sherwood Park, Alberta T8A 4H3 PH: (780) 416-4990 Fax: (780) 416-4860

REGISTRATION APPLICATION

Name (Not more than 30 letters including spaces. No numbers or symbols allowed)

1st Choice

2nd Choice

Partbred	Anglo

FOALING DATE

Month	Day	Year

SEX

- ☐ Mare
- ☐ Stallion
- ☐ Gelding

IF GELDING - PROVIDE DATE GELDED

Month	Day	Year

Is this horse registered with any other registry? _____

If so, which regestry/ies? _____

BODY COLOUR: ☐ BAY ☐ GREY ☐ CHESTNUT ☐ DUN ☐ BUCKSKIN ☐ PALOMINO ☐ BLACK

COAT PATTERN: ☐ SOLID ☐ TOBIANO ☐ OVERO ☐ BLANKET ☐ SNOWFLAKE ☐ ROAN

	NAME (Registered or other)	REGISTRATION NO. (or indicate grade)	REGISTRY	COLOUR
SIRE				
DAM				

OWNER OF DAM AT TIME OF FOALING

NAME		C.A.H.R. I.D. NO.	PHONE NO.
ADDRESS	CITY	PROVINCE	POSTAL CODE

As owner of the dam at the time this horse was foaled [or recorded authority of owner(s)], I hereby certify that all information on this application is true and correct to my knowledge, and agree that the Register has the privilege to correct and/or cancel the registration certificate for causes under its Rules and Regulations.

Signature of owner of Dam at time of foaling	DATE

BREEDER CERTIFICATE

I hereby certify that I owned the mare:

at the time she was bred to the stallion:

NAME OF DAM
NAME OF SIRE

for which registration of the resulting foal is now being applied.

Name of owner of DAM at time of breeding		C.A.H.R. I.D. NO.	Phone No.
Address	City	Prov.	Postal Code

I certify that this Service information is correct

Signature of owner of DAM at time of breeding	DATE

SERVICE CERTIFICATE

I hereby certify that I owned the stallion:

at the time he bred the mare:

by:

Natural (Hand) Service	DATES:	
Pasture Breeding	FROM: TO:	During the year: _____
AI (Fresh Semen) on Site	DATES:	
Transported/Stored Semen	DATES:	

NAME OF SIRE	Registration No.
NAME OF DAM	Registration No.

Name of owner of STALLION at time of breeding		C.A.H.R. I.D. NO.	Phone No.
Address	City	Prov.	Postal Code

Signature of owner of STALLION at time of breeding	Month	Day	Year

TRANSFER REPORT

I/We hereby transfer the recorded ownership of the foal described above, when registered to the new owner(s).

Name of new owners		C.A.H.R. I.D. NO.	Phone No.
Address	City	Prov.	Postal Code

Signature of owner of DAM at time of foaling	DATE OF SALE	Month	Day	Year

Part two of form must be completed. Please DO NOT Staple forms together