



# Canadian Arabian Horse Registry

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## OWNER AUTHORIZATION FORM

**This form gives authorization for an individual to sign on behalf of an owner with the CAHR.**

I (we) desire to allow signing authority on all Purebred and Partbred Arabian horses under the following account(s) :  
*(For joint accounts in an "&" format, all owners must sign below. If there are more than 2 owners, please fill out an additional form.)*

1.) Ownership Name: \_\_\_\_\_ CAHR ID # \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

2.) Ownership Name: \_\_\_\_\_ CAHR ID# \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

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### Authorized Person(s) part 1

The following person(s) is/are authorized to act on the behalf of the recorded owner listed above. This person(s) is/are authorized to sign all CAHR documents pertaining to this ownership or pertaining to the horses recorded in this ownership, and to deliver such documents to the CAHR:

Name of Authorized Person (print full name): \_\_\_\_\_

Signature of Authorized Person (in ink): \_\_\_\_\_

Name of Authorized Person (print full name): \_\_\_\_\_

Signature of Authorized Person (in ink): \_\_\_\_\_

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### Authorized Person(s) part 2

I (we) affirm that I (we) am/are the (circle one or insert): recorded owner or the general partner, managing partner, syndicate manager, or \_\_\_\_\_ thereof, and possess full legal power and authority to make this authorization.

I (we) acknowledge and agree that the signature of any one authorized person will be sufficient to transact business with the CAHR on behalf of this recorded owner.

I (we) agree to advise the CAHR in the event that this ownership is disposed of and the new owner(s) desire(s) to continue to register animals under the same name.

I (we) agree to abide by any decisions of the affected Association(s) with respect to the payment of transfer fees of the animals which in any cases shall not exceed the normal transfer fee as indicated in the schedule of fees.

I (we) agree that this authorization will become effective upon receipt by the CAHR and will remain in effect until an applicable notice of change or revocation is received by the CAHR (contact the CAHR office for information on revocation requirements).

Name of Authorized Person (print full name): \_\_\_\_\_

Signature of Authorized Person (in ink): \_\_\_\_\_ Date: \_\_\_\_\_

Name of Authorized Person (print full name): \_\_\_\_\_

Signature of Authorized Person (in ink): \_\_\_\_\_ Date: \_\_\_\_\_