

Quarter Horse

# (Embryo Transfer)

NMHBA Registration Number

For Office Use Only

name of foal

if unnamed-so state

color

sex

month

day

year born

sire

dam

mare's last breeding date for this foal

recipient dam

date of transfer

DESCRIBE ranch or farm location where foal was born:

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DONOR MARE

LIST all locations where mare was kept during her pregnancy.  
(DESCRIBE EACH LOCATION IN DETAIL)

The information requested below is provided in as much detail as possible. The Association reserves the right to require that additional information be provided prior to final processing of the Application. The Association also reserves the right, at any time, to require that additional information be provided to verify the accuracy of your representations.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
month/year month/year

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
month/year month/year

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**If space provided is insufficient for a complete description, please attach additional pages.**

## RECIPIENT MARE

LIST all locations where mare was kept during her pregnancy.  
(DESCRIBE EACH LOCATION IN DETAIL)

The information requested below is provided in as much detail as possible. The Association reserves the right to require that additional information be provided prior to final processing of the Application. The Association also reserves the right, at any time, to require that additional information be provided to verify the accuracy of your representations.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
month/year month/year

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
month/year month/year

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**If space provided is insufficient for a complete description, please attach additional pages.**

Owner of Sire \_\_\_\_\_

Location where breeding took place \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of **OWNER**  
(Applicant)  Please print or type

**OWNER'S** signature

Owner's address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of **BREEDER**  
(Owner of dam when foal was born)  Please print or type

**BREEDER'S** signature

Breeder's address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please be advised that the Association relies upon the accuracy of your representations concerning the Breeder. You are acknowledging, by executing this form, that you will hold the Association harmless if you have misrepresented any information concerning the Breeder and the Association has relied to its detriment upon that information.

**MAIL TO: NM HORSE BREEDERS ASSN., UPTOWN STATION  
P.O. BOX 36869, ALBUQUERQUE, NM 87176-6869  
(505) 262-0224**

Registration as a New Mexico Bred **IS NOT COMPLETE UNTIL WE HAVE RECEIVED FROM YOU THE ORIGINAL FOAL CERTIFICATE PAPERS FOR FINAL APPROVAL AND STAMPING.**

**NOTE:** This application must be signed by the **OWNER** and **BREEDER** (or their authorized representative) attesting to the accuracy of the above.

Registration fees currently in effect:  
 weanlings .....\$ 50 2 year-olds .....\$200  
 yearlings .....\$100 older .....\$300

**If your membership fees are not paid-up, please enclose annual dues. (Use Form #400)**

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\_\_\_\_\_ date received

\_\_\_\_\_ date approved and seal affixed

\_\_\_\_\_ NM Bred #

Annual Dues payable by Jan. 1