USPHA
United States Peruvian Horse Association

Peruvian Part-Blood
REGISTRATION APPLICATION

MAIL TO: USPHA - P.O. Box 249 - Morrison, CO. 80465 Tele: 303-697-9567 USPHA.NET

NAME _____ _____
1st Choice 2nd Choice

SEX _____ **COLOR** _____

COLOR of MANE/TAIL _____

WHITE MARKINGS _____

_____

SCARS/BRANDS/MICROCHIP ID _____

OWNER OF SIRE AT TIME OF SERVICE_____

Sire _____ **Breed** _____

Registration No. _____ **Color** _____

OWNER OF DAM AT TIME OF SERVICE

Dam _____ **Breed** _____

Registration No. _____ **Color** _____

MARE OWNER AT TIME OF FOALING _____

Address _____

REGISTRATION TO BE IN THE NAME OF _____
Name
_____
Address
_____
City **State** **Zip**

SIGNATURE OF MARE OWNER _____ **DATE** _____

SIGNATURE OF FOAL OWNER _____ **DATE** _____

REQUIRED WITH APPLICATION
1. At least Three (3) COLOR photos showing all markings on both left and right sides, full face, and if markings are indicative, a rear view.
2. Breeding Certificate signed by mare and stallion owners at time of service.
3. Fee as indicated on the USPHA Fee Schedule for Peruvian Part-Blood Registration

_____ **Request optional DNA Testing. Additional fee as indicated on USPHA Fee Schedule.**

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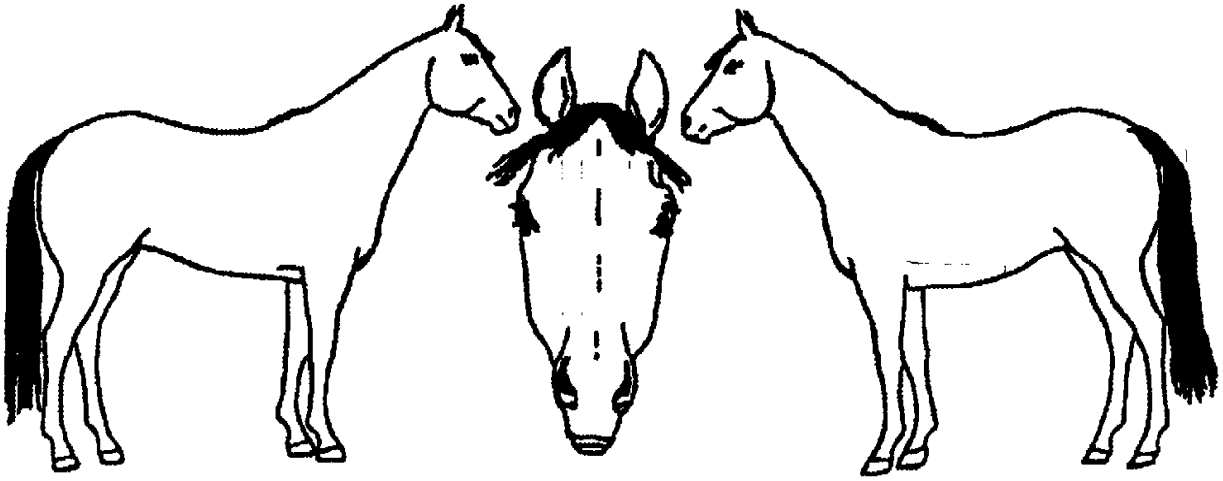
Indicate all white markings, brands, scars on diagrams below, USING RED INK.