

## QUARTER Transfer Report



FOR OVERNIGHT DELIVERY TO AQHA: 1600 QUARTER HORSE DR, AMARILLO, TX 79104 • MAILING ADDRESS: P.O. BOX 200, AMARILLO, TX 79168 WWW.AQHA.COM • © 806-376-4811 • FAX: 806-349-6405 • EN ESPAÑOL: 806-373-2281

## **INSTRUCTIONS:**

- 1. Remit Certificate of Registration with transfer report and appropriate fees to AQHA.
- 2. Print or type all requested information.
- 3. Verify that the horse's color and markings match the Certificate of Registration.
- 4. The person selling the horse should be listed as the owner on the Certificate of Registration.

We certify that the horse sold is the horse registered with the American Quarter Horse Association as described on the Certificate of Registration delivered to AQHA in conjunction with this transfer report. We authorize AQHA to record the transfer of ownership of the horse upon AQHA's receipt of all required transfer items.

- 5. Any erasure or alteration may necessitate verification.
- 6. Consult the AQHA Official Handbook regarding complete transfer rules or contact AQHA.

|   |        |        |        |         |       |          |                   |         |        |        |          |           |        |          |          |             |         |                  |          |         |       |        |        | ELD     |       | : [    |         |        | 7 [    |       |        | 7       |               |                    | Г             |                       |
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| HORSE'S NA  | ME     |        |        |         |       | —        |                   |         | _      |        | Ь        |           |        |          |          |             |         |                  | <u> </u> |         |       |        |        | AQHA    | REG   | ISTR/  | TION    | NUMB   | ER     | _     |        | _       |               | ļ                  |               |                       |
| If this tr  | ans    | fer i  | s fo   | or ar   | n un  | regi     | ster              | ed      | foal   | , inc  | dicat    | e foa     | ıl's l | birtl    | ndate    | aı          | nd na   | ame              | and      | l reg   | ist   | rati   | on I   | num     | beı   | r of   | sire    | and    | l da   | m.    |        |         |               |                    |               |                       |
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| BIRTHDATE (I  | MMDI   | )YYYY) |        |         | _     | SI       | IRE               |         |        |        |          |           |        |          | А        | QH/         | A REGIS | STRAT            | ION NU   | JMBER   |       | DAM    | I      |         |       |        |         |        |        |       |        | P       | QHA R         | EGISTF             | ATION         | N NUMBER              |
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| SOLD<br>TO:   |        |        |        |         |       |          |                   |         |        |        |          |           |        |          |          |             |         |                  |          |         |       |        |        |         |       |        |         |        |        |       |        |         |               | L                  |               |                       |
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| <ul><li>Transfer</li><li>Transfer</li></ul>   |        |        |        |         |       |          |                   |         |        |        |          |           |        |          |          | <b>52</b> ( | 0       |                  |          |         |       | •      |        |         | -     |        |         |        | •      |       |        |         | -             | fee). If<br>ansfer | -             | elect<br><b>\$100</b> |
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| on the credit   | card   | you pr | ovide  | . Noth  | ing w | ill laps | e if yo           | u ele   | ect to | auto r | enew.    | You can   | cance  | el at aı | ny time. | ene         | eweu    |                  | This f   | ee is o | only  | appli  | icabl  | e for s | servi | ce wi  | thin t  | he Ur  | ited S | State | es an  | d doe   | s not i       | nclude<br>ct our   | Satu          | rday                  |
| ○ Transfer  | •      |        |        |         |       |          |                   |         |        | progr  | am, til  | ll in thi | s circ | le: C    | )        |             |         |                  |          | •       | _     |        |        |         |       |        |         |        |        |       | •      |         |               |                    |               | .\$20                 |
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| Dues payme<br>ble contributed<br>designated f   | tions  | for fe | dera   | al inco | ome t | ax pui   | rpose             | s. Ho   | owev   | er, do | natior   | ns to tl  | ne An  | nerica   | an Qua   |             |         |                  |          |         |       |        |        |         |       |        |         |        |        |       |        |         |               |                    |               |                       |
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|   |        |        |        | AQ      | НА    | OFF      | FICI              | AL      |        |        |          |           |        |          |          | CHE         | ск С    | ) <sub>MOM</sub> | NEY OF   | RDFR    |       | IF     | PAY    | ING I   | BY C  | RE     | OIT C   | ARD    | PLE    | AS    | E CO   | MPL     | ETE T         | HE F               | OLLC          | WING:                 |
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