

Oregon Bred Quarter Horse Application for Registration

Oregon Quarter Horse Association

NAME: _____ REGISTRATION no. _____

COLOR: _____ GENDER: _____ FOALED:(m/d/y) _____

Owner of Sire at Time of Service: _____

Address: _____

DAM: _____ REGISTRATION NO. _____

Owner or Lessee of Dam at Time of Service _____

Address: _____

COLOR OF MANE AND TAIL: _____

MARKINGS: _____

SCARS AND BRANDS _____

Be sure to send with our completed application and fees, the AQHA Registration papers of your Oregon Bred horse. If you do not have these papers in your possession, please indicate below where they are located.

Owner: _____

Complete Mailing Address: _____

For more information contact: www.oregonqha.com

email: office@oregonqha.com

OQHA

PO Box 537

Newberg, OR 97132

One Time Fee: \$15.00

Accurately kept private records are essential. In any case where an application is regarded as questionable, the burden of proof with regards to same shall rest upon the applicant who shall sustain his claims by preponderance of evidence.

Location of dam at time of foaling

Address: _____

Owner or Lessee of Dam at the time of

Foaling/ address:

The owner of the dam at the time of service is the AQHA Breeder.

The Owner of the dam at the time of foaling is the Oregon-Bred Breeder.

The applicant assumes full responsibility for the proper identification of the horse as the Oregon-Bred and agrees that if it should later be proved ineligible, all money won in Oregon-Bred events and all breeders awards will be forfeited and refunded.

I hereby certify that the foal herein described was dropped by said mare in Oregon

Signature _____

All Quarter horses Bred in Oregon Must be registered with the Oregon Quarter Horse Assoc. before the will be allowed to start in any Oregon-Bred event The OWNER or his agent is eligible to file application.

OREGON-BRED DEFINED: "Oregon-Bred" shall be deemed to be a foal dropped by a mare in Oregon.

Mail Completed Application to:

OQHA
PO Box 537
Newberg, OR 97132

One Time Fee: \$15.00

Office only:

Date received _____ Fee Paid _____ Receipt No. _____