North American Spotted Haflinger Registry New Foal Registration Form for 1st Generation ALL FOALS MUST BE FROM DNA PARENTS

| Name | _ Address | |
|-----------------------------|-----------|-------------------------|
| City | State | Zip |
| Home Phone | Cell | |
| Stallion Name | | Age |
| Color | | |
| Registration Number | | |
| DNA Number | | |
| Signature of Stallion Owner | | |
| Mares Name | | |
| Registration Number | | |
| Accession or DNA Number | , | |
| Last Date Mare was Bred | | |
| Foals Date of Birth | | Left Eve Glass Blue L |
| Face Markings | | Right Eye Glass Blue D |
| Color of Mane | | |
| Sex M F Color of Body | | |
| 1 st Choice Name | | |
| 2 nd Choice Name | | |
| 4 | | |
| L | | |
| Non-Member <u>\$40.00</u> | | |

CEO Beth Jackenheimer

225 Pearl Street

Ashland, OH 44805

USA