

# Transfer Report



## American Paint Horse Association

P.O. Box 961023 • Fort Worth, Texas 76161  
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Any alteration of this form will require a new transfer to be completed.

### Horse to be transferred

- ♦ It is the seller's responsibility to complete the transfer in its entirety before providing it, along with the original registration certificate, to the buyer.
- ♦ It is the buyer's responsibility to submit the signed and completed transfer form, original registration certificate and appropriate fees to APHA as soon as possible.
- ♦ Be certain the photograph of the horse's markings on the registration certificate match the horse being purchased. If not, contact APHA immediately.
- ♦ Be certain the person selling the horse is listed on the horse's original registration certificate as the last owner of record. If not, contact APHA for information on the recorded owner.
- ♦ APHA cannot knowingly skip a transfer. Additional forms are available for additional changes in ownership. Transfer fees are required for each transfer submitted.
- ♦ If the original registration certificate has been lost or destroyed, an Affidavit for Duplicate Certificate must be completed. Affidavits are available upon request from APHA.

Registered Name of Horse: \_\_\_\_\_

APHA Registration Number: \_\_\_\_\_

If this transfer is for an unregistered foal, indicate year foaled and name of sire and dam. Year foaled: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Date of Sale (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If Gelded, date of Gelding (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If consigned to an auction sale, please complete the following:

Name of Sale Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of Auction (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Signature

- ♦ Seller's signature is required for transfer.
- ♦ Signature must be an individual signature, or if the horse was owned jointly, the individual signature of either owner is acceptable.
- ♦ A Signature Authorization form must be on file at APHA if:
  - the seller or buyer is an authorized agent of a farm, ranch, partnership or corporation
  - if any of the joint owners are not authorized to sign
  - more than one signature is required

#### Seller Information:

Name: \_\_\_\_\_

APHA I.D. No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: **X** \_\_\_\_\_

#### Buyer Information:

Name: \_\_\_\_\_  
*Must not exceed 30 characters, including letters and spaces.*

APHA I.D. No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Fees

- ♦ Average transfer completion times range from 2 to 4 weeks, depending on the time of year submitted. If you wish to have your transfer completed sooner, a rush service is available. Following is required on rush work:
  1. Envelope marked "RUSH"
  2. Daytime phone number
  3. Certified funds or credit card payment
- ♦ The rush fee will not be refunded.
- ♦ Minimum processing time for a rush transfer is 5 working days from date received.
- ♦ Fees subject to change without notice.

### Membership

- ♦ The buyer must have a current membership in the same name listed on the form. Memberships will be issued in the ownership listed on this form. Memberships begin the same month transfer is postmarked.
- ♦ For more information, please call our Customer Service General Information line at extension 788.

#### Fees

	Member Rate
<input type="checkbox"/> Transfer Fee	\$15
<input type="checkbox"/> Rush transfer requires an additional	\$25

#### Membership Levels

- One-year—\$35
- Three-year—\$75
- Five-year—\$125
- Lifetime—\$400
- Junior One-year—\$15  
(Age 18 or younger) Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Fee: \$ \_\_\_\_\_

Rush Fee: \$ \_\_\_\_\_

Membership Dues: \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

- Check or money order enclosed. **Do not send cash.**  
Check Processing Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically.

MasterCard  Visa

#### If paying by credit card, please complete the following.

Card No.: \_\_\_\_\_

Exp. date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

APHA I.D. No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_