

FOAL REGISTRATION FORM

NAME OF FOAL _____ GAIT: PACE () TROT ()

NAME OF SIRE: _____ FILLY () COLT ()

BIRTH YEAR OF FOAL: _____ NAME OF DAM: _____

COLOR OF FOAL: _____ AGE OF DAM: _____

LOCATION OF FOALING: _____ SIRE OF DAM: _____

_____ COLOR OF DAM: _____

WHERE BROODMARE IS DOMICILED: _____

OWNER OF FOAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

IF A BROODMARE IS HELD UNDER LEASE, A STATEMENT TO THAT EFFECT AND A COPY OF THE LEASE, WHICH MUST INCLUDE A STATEMENT THAT THE LESSEE IS AUTHORIZED TO REGISTER THE FOAL, MUST ACCOMPANY THIS APPLICATION.

A COPY OF THE USTA REGISTRATION PAPERS MUST ACCOMPANY APPLICATION.

SIGNATURE: _____

DATE: _____

PLEASE MAIL THIS FORM AND COPY OF REGISTRATION PAPERS TO:

**THE VIRGINIA HARNESS HORSE ASSOCIATION (VHHA)
P.O. BOX 356
PROVIDENCE FORGE, VA 23140**

(804) 966-7223 EXT. 1068 FAX: (804) 966-5949

E-MAIL: vhha@globalweb.net WEB ADDRESS: www.vhha.net