



Friesian Blood Horse Registry

PO Box 134
Garrison MN 56450-0134

218.678.2477 phone

218.678.2057 fax

friesianbloodhorse@yahoo.com

REGISTRATION / MEMBERSHIP FORM

Date _____

Owner Name(s) as they should appear on the registration papers

Farm name _____

website _____

Address _____

Phone _____ Street _____ City _____ State _____ Zip _____
Fax _____ email _____

Register my horse as _____ 2nd choice _____
Name requested

Foaling date _____ Sex: stallion _____ mare _____ gelding _____
Please mark one _____/_____/_____
date gelded

Color _____ marking(s) _____

Microchip number _____ Tattoo _____ and/or Brand _____
number number description

Please send a photo via email or include one with this form

Please send copies of Sire and Dam's reg. papers if registered

Sire - _____

Registry - _____

Registration # _____

Breed of stallion - _____

Stallion owner _____

Dates of breeding _____

Signature of stallion owner _____

Address _____

Phone _____ email _____

Please send a copy of both the dam and sires papers

Dam - _____

Registry - _____

Registration # _____

Breed of mare - _____

Mare owner - _____

Address - _____

Owner signature _____

Phone _____ email _____

Please send a copy of both the dam and sires papers

please see back

Fee Schedule Members: Mark your choice(s)

Membership (*annual*)..... \$40.00 _____ - My # is, _____ - _____ - _____
 Registration:..... \$45.00 _____ please include your # above.
 DNA Test kit:..... \$50.00 _____ For a new membership, check
 Transfer of Ownership:..... \$35.00 _____ on the line, and include the fee.
 Microchip:..... \$30.00 _____
 Replacement papers:..... \$30.00 _____
 Rush processing:.....\$12.00 _____ Total enclosed \$ _____



All Foreign checks, add \$11.00

Fee Schedule Non-members:

Registration:..... \$60.00 _____
 DNA Test kit:..... \$60.00 _____
 Transfer of Ownership:..... \$45.00 _____
 Microchip:..... \$40.00 _____
 Replacement papers:..... \$35.00 _____
 Rush processing:.....\$12.00 _____ Total enclosed \$ _____



All Foreign checks, add \$11.00

If using PayPal, send payments to
 friesianbloodhorse@yahoo.com



Pay by card:

Card number _____

Expiration date of card _____

CVC2 code (three digit # from back of card) _____

Zip code of card holder _____

Card holder's name (print) _____ Card holders signature _____



Customary turnaround time is 3-5 weeks from receiving this form.

Rush fee:.....\$12.00

We accept – personal checks, Visa, MasterCard, Discover, American Express and PayPal (see above) Make checks payable to Friesian Blood Horse

For Office Use Only

Approval code _____

Approval date _____

Approval amount _____