



Friesian Blood Horse Registry
PO Box 134
Garrison MN 56450-0134

218.678.2477 phone

218.678.2057 fax

fbh@mlcmmn.net

REGISTRATION / MEMBERSHIP FORM

Date _____

Owner Name(s) as they should appear on the owners certificate

Farm name _____ website _____

Address _____

Street _____ City _____ State _____ Zip _____

Phone _____ Fax _____ email _____

Register my horse as _____ 2nd choice _____

Name requested

Foaling date _____ Sex: stallion _____ mare _____ gelding _____

Please mark one

_____/_____/_____
date gelded

Color _____ pattern(s) _____

Microchip number _____ Tattoo _____ and/or Brand _____

number

number

description

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

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: Please check off all that apply.

Membership \$40.00 _____

Registration \$45.00 _____

DNA test kit \$50.00 _____

Ownership transfer (member) \$10.00 (non-member) \$20.00 _____

Duplicate papers \$20.00 _____

Total enclosed \$ _____

Card Number _____

Expiration date of card _____

Card holder's name (print)
(required)

Card holder's signature

cvc2 code (three digit # from back of card) _____

Zip code of card holder _____



For Office Use Only

Approval code _____

Approval date _____

Approval amount _____