

Hardship Registration Application

This Form must be printed and signed.

The American Miniature Horse Association, Inc.
 5601 S Interstate 35 W, Alvarado, TX 76009
 (817)783-5600 www.amha.org

SHOWING AOTE YES NO

YEAR:

Beginning January 1, 1994, horses (except geldings) being hardship registered must be [DNA tested](#) in addition to being inspected.

NAME: Give 2 choices, not to exceed 35 characters, including spaces - punctuation is not allowed.

1st Choice: Height: Sex:

2nd Choice: Foaling Date Gelded Date

Yes, I authorize the AMHA to select a name if the above choices are unavailable or objectionable.

SELECT ONE COLOR: **Yes, I authorize the AMHA to designate the color as represented by photographs submitted.**

<input type="checkbox"/> SOLID <input style="width: 100px;" type="text"/>	<input type="checkbox"/> APPALOOSA <input style="width: 100px;" type="text"/>
<input type="checkbox"/> DAPPLE <input style="width: 100px;" type="text"/>	<input type="checkbox"/> PINTO <input style="width: 100px;" type="text"/>
<input type="checkbox"/> ROAN <input style="width: 100px;" type="text"/>	<input type="checkbox"/> PINTALOOSA <input style="width: 100px;" type="text"/>
<input type="checkbox"/> DUN <input style="width: 100px;" type="text"/>	
<input type="checkbox"/> HEAD MARKINGS <input style="width: 150px;" type="text"/>	Mane & Tail Color: <input style="width: 150px;" type="text"/>

LEG MARKINGS

Right Front

Right Hind

Left Front

Left Hind

OWNER(S)/APPLICANT

Name Phone #:

Address City: State:

Zip Code Country Email

I hereby certify that all information on this registration is true and correct to my personal knowledge, and agree that the Association has the privilege to correct and/or cancel the registration certificate for cause under its rules and regulations.

Signature of Owner(s): X _____ Date:

A HORSE MUST BE 36 MONTHS OF AGE BEFORE APPLYING FOR HARDSHIP REGISTRATION & APPLICATION IN OFFICE AT LEAST 2 WEEKS PRIOR TO INSPECTION!

Offspring in utero at the time of postmark of application for Hardship registry of a parent shall be eligible for registration under regular fee structure. The foal will be required to be [parent qualified](#). Any prior offspring (born prior to postmark of Hardship application on parent), two years old or younger, of any hardshipped horse will be eligible for applying for [Hardship Progeny registration](#) provided both parents are AMHA registered at the time of application for registration. Must be [parent qualified for DNA testing](#), inspected by a [current AMHA Director](#), meet show height requirements at the time of inspection and must meet any other hardship requirements as well as regular registration requirements. A late or amended [stallion breeding report](#) will be required.

FEES	Veterinarian Inspection (Required)	PHOTOGRAPHS										
<table border="0" style="width: 100%;"> <tr><td>Mare</td><td style="text-align: right;">\$500.00</td></tr> <tr><td>Stallion</td><td style="text-align: right;">\$800.00</td></tr> <tr><td>Gelding</td><td style="text-align: right;">\$200.00</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>DNA Testing</td><td style="text-align: right;">\$50.00</td></tr> </table> <p style="font-size: x-small;">Inspection Fees - Expenses of the inspector shall constitute a "non-refundable" fee for inspection. Expenses for the inspection shall be submitted to the inspector at the time of inspection or to the AMHA office upon submission of an invoice. The inspector will charge according to the distance he must travel, if it is necessary to remain overnight and if there are meal expenses.</p>	Mare	\$500.00	Stallion	\$800.00	Gelding	\$200.00			DNA Testing	\$50.00	<p style="text-align: center; color: red; font-weight: bold;">Veterinarian Inspection (Required)</p> <p>If stallion, are both testicles normally descended in the scrotum? Y N</p> <p>Based on examination of horse's teeth</p> <p>Does this horse have an overbite? Y N</p> <p>Does this horse have an under bite? Y N</p> <p>In years, how old does this horse appear to be? _____</p> <p>_____ Veterinarian Signature Date of Exam</p> <p>_____ Veterinarian Printed Name Phone Number</p>	<p style="text-align: center; font-weight: bold;">PHOTOGRAPHS</p> <p style="text-align: center; font-weight: bold;">Please refer to our Photo Submission Form for automatic sizing and submission information.</p> <p>All transfers and Temp to Perm transactions MUST BE accompanied by AT LEAST FOUR (4) CURRENT color photographs showing all markings.</p> <p style="text-align: center;"> <input type="checkbox"/> Left Side <input type="checkbox"/> Headshot <input type="checkbox"/> Right Side <input type="checkbox"/> Rear </p> <p>Head shots must be of the head facing the camera WITH THE FORELOCK PULLED COMPLETELY ASIDE SO THE ENTIRE FLAT OF THE FACE IS CLEARLY VISIBLE. And side shots must show the entire horse from ears to hooves.</p>
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