



# Paso Fino Horse Association, Incorporated

4047 Iron Works Parkway, Suite 1, Lexington, KY 40511 (859) 825-6000 FAX (859) 258-2125 www.pfha.org

## TRANSFER REQUEST AND AFFIDAVIT FORM

### CURRENT RECORDED OWNER(S):

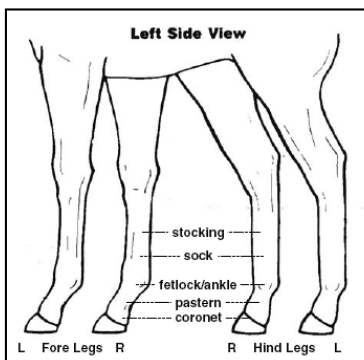
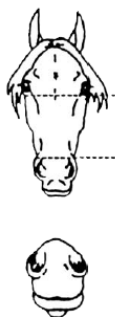
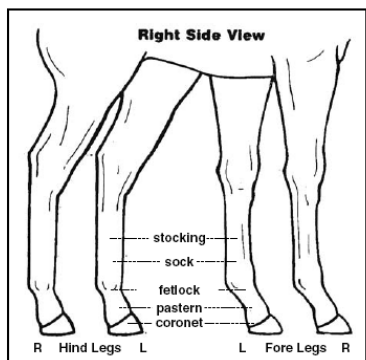
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ PFHA MEMBERSHIP NUMBER: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ PFHA MEMBERSHIP NUMBER: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### NEW RECORDED OWNER(S) (Person(s) to whom the horse is being transferred):

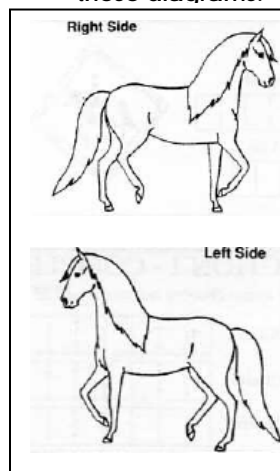
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ PFHA MEMBERSHIP NUMBER: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ PFHA MEMBERSHIP NUMBER: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Check here if no face markings

Check here if no leg markings



Outline all marking of the horse on these diagrams.



**COLOR** (Check One)  Albino  Bay  Black  Brown  Buckskin  Chestnut  Cremello  
 Dun  Gray  Grulla  Palomino  Perlino  Pinto  Roan

I, (we) the current recorded owner(s) do hereby attest that the information contained on this form is true and accurate to the best of my (our) knowledge, and the horse described on this form is to be transferred to the individual(s) listed as the new recorded owner(s).

\_\_\_\_\_  
(Signature of Recorded Owner)

\_\_\_\_\_  
(Signature of Recorded Owner)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public in and for \_\_\_\_\_

County of \_\_\_\_\_

Signature of Notary \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**METHOD OF PAYMENT:** (Do Not send cash.)  Check/Money Order Payable to PFHA  VISA  MASTERCARD  AMEX

Amount Due: \$35.00 for members \$105.00 for non-members. Amount Paid \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

Card Holder's City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Card Holder's Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

### INSTRUCTIONS:

- Multiple owners will be issued as an AND ownership. Ownerships will not be issued as OR or AND/OR. The new recorded owners must be members of the PFHA.
- The ORIGINAL Certificate of Registration must be submitted with this form. If the ORIGINAL Certificate has been lost, please submit a Duplicate Certification Request Form.
- The signature of the recorded owner MUST BE NOTARIZED on the space provided. Any erasures or alterations on this form will require verification.
- Please submit two (2) color photographs of the horse. Outline all markings on the horse on the diagrams.
- Mail this form and payment to:  
Paso Fino Horse Association; 4047 Iron Works Parkway, Suite 1; Lexington, KY 40511