

# TRANSFER REPORT

\*\*\* Original ARHA Certificate of Eligibility Papers must be enclosed\*\*\*



AMERICAN RANCH HORSE ASSOCIATION  
P.O. BOX 186 NANCY, KENTUCKY 42544  
(606) 271-2963 FAX (606) 636-6197  
www.americanranchhorse.net  
email: arhacontact@aol.com

We certify that the horse sold is the horse registered with the American Ranch Horse Association as described on the Certificate of Eligibility delivered to ARHA with this transfer report. We hereby authorize the ARHA to record the transfer of ownership of the horse.

**HORSE'S NAME:** \_\_\_\_\_ **ARHA REG. #** \_\_\_\_\_

**Year Foaled:** \_\_\_\_\_ **Sire:** \_\_\_\_\_ **Dam:** \_\_\_\_\_

**DATE OF SALE:** \_\_\_\_\_ **IMPORTANT:** (LIST MONTH, DAY AND YEAR HORSE ACTUALLY CHANGED OWNERSHIP)

**BUYER:** \_\_\_\_\_ **BUYER'S ARHA #** \_\_\_\_\_  
*(Buyer must have a current year membership in the exact name listed above)*

**MAILING ADDRESS:** \_\_\_\_\_  
Street or Box Number City State Zip

**BUYER'S HOME PHONE NUMBER** \_\_\_\_\_ **BUYER'S DAY TIME PHONE NUMBER** \_\_\_\_\_

**SELLER:**  
I/ We further certify the horse sold is the registered horse with ARHA as described on the Certificate of Eligibility delivered to ARHA.

**WRITTEN SIGNATURE OF SELLER: X** \_\_\_\_\_

**PRINTED NAME OF SELLER:** \_\_\_\_\_

**SELLER'S ARHA MEMBERSHIP #:** \_\_\_\_\_

**MAILING ADDRESS OF SELLER:** \_\_\_\_\_  
Street or Box Number City State Zip

**SELLER'S HOME PHONE NUMBER** \_\_\_\_\_ **SELLER'S DAYTIME PHONE NUMBER** \_\_\_\_\_

**FEES: SUBJECT TO CHANGE WITHOUT NOTICE**

- ARHA TRANSFER FEE within 120 days.....\$15.00\*
- ARHA TRANSFER FEE after 120 days.....\$25.00\*
- \*Buyer must have current year membership
- ARHA FAMILY MEMBERSHIP.....\$45.00
- ARHA INDIVIDUAL MEMBERSHIP.....\$35.00
- RANCH/FARM MEMBERSHIP.....\$45.00  
(Membership must be in ranch or farm name)

- 1.) ANY ERASURE OR ALTERATION TO THIS REPORT MAY REQUIRE VERIFICATION.
- 2.) THE CERTIFICATE SHOULD LIST THE OWNER AS THE PERSON SELLING THE HORSE.
- 3.) REMIT APPROPRIATE FEES, TRANSFER REPORT AND ORIGINAL CERTIFICATE OF ELIGIBILITY TO ARHA.

Do not send cash! We accept personal checks, money orders, cashier's checks, Visa, MasterCard, or Discover.  
*There is a 5% handling fee on all credit cards transactions.*

Check Check # \_\_\_\_\_ Amount \_\_\_\_\_  
 Visa  Mastercard  Discover

Card Number \_\_\_\_\_ EXP Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

**OFFICE USE ONLY**