

TRANSFER REPORT

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



AMERICAN RANCH HORSE ASSOCIATION
P.O. BOX 186 NANCY, KENTUCKY 42544
(606) 872-ARHA FAX (606) 636-4212
www.americanranchhorse.net
email: arhainfo@aim.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.....	\$10.00 *
*Buyer must have current year membership	
ARHA FAMILY MEMBERSHIP.....	\$40.00
ARHA INDIVIDUAL MEMBERSHIP.....	\$30.00
RANCH/FARM MEMBERSHIP.....	\$45.00
<small>(Membership must be in ranch or farm name)</small>	

- 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.

OFFICE USE ONLY

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 _____