

INTERNATIONAL MORAB REGISTRY REGISTRATION APPLICATION

24 Bauneg Beg Road Sanford, ME 04073

FOALING DATE				
		MONTH	DAY	YEAR
NAME REQUESTED (Please Print)				
1ST _____				
2ND _____				
SEX: (CIRCLE ONE) STALLION; MARE ; GELDING. COLOR PATTERN: (CIRCLE ONE) SOLID; ROAN; OVERO; LEOPARD				
BODY COLOR: (CIRCLE ONE) BAY; BLACK; BUCKSKIN; CHESTNUT; CREMELLO; DUN; PALOMINO; GRAY				
SIRE NAME		REGISTRY #		BREED
DAM NAME		REGISTRY #		BREED
OWNER/LESSEE/AGENT OF DAM AT TIME OF FOALING (PRINT)				
NAME		IMR #		PHONE
ADDRESS		CITY	STATE	ZIP
AS <i>OWNER/LESSEE/AUTHORIZED AGENT (CIRCLE ONE)</i> OF DAM AT TIME OF FOALING , I HEREBY CERTIFY THAT: ALL INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE; THE REGISTRY MAY CORRECT AND/OR CANCEL THE REGISTRATION FOR CAUSE UNDER ITS RULES; I WILL DEFEND, INDEMNIFY AND HOLD THE REGISTRY HARMLESS FOR THE INFORMATION I PROVIDE ON THIS FORM.				
SIGNATURE _____ DATE _____				
BREEDER CERTIFICATION				
I HEREBY CERTIFY THAT I WAS THE <i>OWNER/LESSEE/AUTHORIZED AGENT (CIRCLE ONE)</i> OF DAM ABOVE AT THE TIME SHE WAS BRED TO THE STALLION SHOWN AS SIRE ABOVE.				
OWNER/LESSEE/AGENT OF DAM AT TIME OF BREEDING (PRINT)				
NAME		IMR #		PHONE
ADDRESS		CITY	STATE	ZIP
SIGNATURE _____ DATE _____				
STALLION CERTIFICATION				
I HEREBY CERTIFY THAT I OWNED/LEASED/AGENT(<i>CIRCLE</i>) THE STALLION SHOWN AS SIRE ABOVE WHEN HE BRED THE DAM ABOVE.				
THE SERVICE DATES WERE: _____ OF YEAR _____, BY: (CIRCLE) PASTURE; AI; IN HAND				
STALLION OWNER/LESSEE/AGENT (CIRCLE ONE) OF STALLION AT TIME OF BREEDING (PRINT)				
NAME		IMR #		PHONE
ADDRESS		CITY	STATE	ZIP
SIGNATURE _____ DATE _____				

Please contact the International Morab Registry if you are having difficulty gathering the required materials.
Phone:
 1-866-667-2246
Email:
 imba@morab-imba.com

CURRENT OWNER—

CHECK EACH BOX AND CIRCLE YOUR RESPONSE FOR EACH LINE:

- COPY OF SIRE REGISTRATION PAPERS ARE: ATTACHED/ ALREADY ON FILE (Circle one)
- COPY OF DAM REGISTRATION PAPERS ARE: ATTACHED / ALREADY ON FILE (Circle one)
- PICTURES SHOWING BOTH SIDES OF THE HORSE ARE ATTACHED
- REGISTRATION FEES ARE ATTACHED
- A COPY OF ANY LEASE, AGENT AGREEMENT OR BREEDER DESIGNATION IS: ATTACHED / NOT APPLICABLE (Circle one)
- IF NECESSARY, I AUTHORIZE THE IMR TO RECEIVE ANY DNA INFORMATION FROM THE AMHA
- IF NECESSARY, I WILL REQUEST FROM THE AHA THAT ARABIAN DNA TO BE FAXED TO THE IMR AT (207)490-7151 (An Arabian DNA request form is available at www.morab.com)

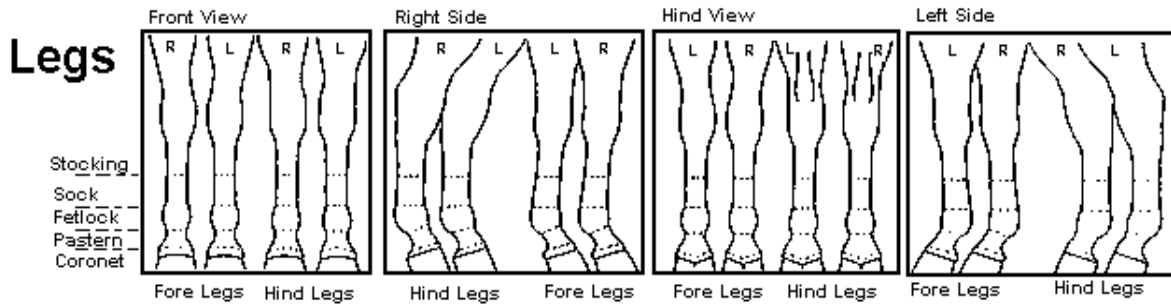
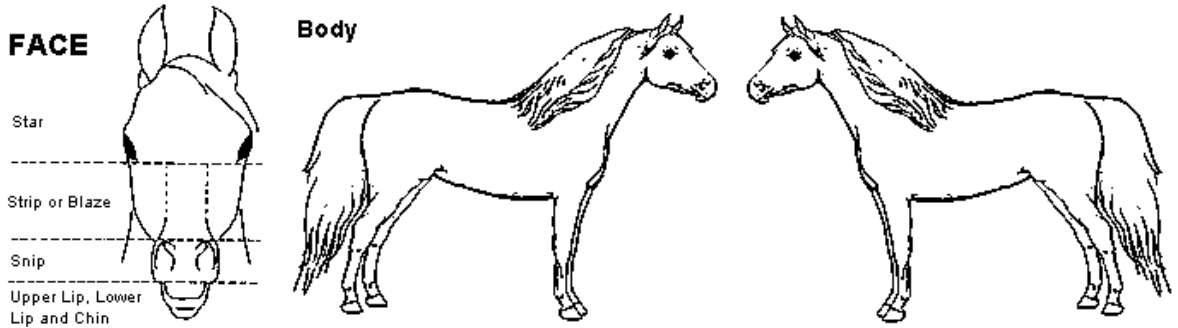
MARKINGS

All white markings must be drawn. If the horse has no white markings, check the box for "No White Markings".

Hoof color must be indicated.

For Grey horses with white markings: If white marks have underlying pink skin, check "Yes" in the underlying pink skin box; or If the white marks do not have underlying pink skin (faint markings) check "No" in the underlying pink skin box.

For further information consult the Registry.



MARKINGS IDENTIFIED

Answer each line below by checking either a yes or no box.

On grey horses, pink skin boxes must be completed or processing will be delayed. The color of each hoof must be checked.

Face	White Markings		Underlying Pink Skin		Legs	White Markings		Underlying Pink Skin		Hoof Color		
	Yes	No	Yes	No		Yes	No	Yes	No	Light	Dark	Parti
Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strip or Blaze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Lip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Lip & Chin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

No White Markings Body Markings, Tattoo or Brand (if any) _____

TRANSFER

IF THIS HORSE IS TO BE REGISTERED IN A NAME OTHER THAN THE RECORDED OWNER OF THE DAM AT THE TIME OF FOALING PLEASE COMPLETE THE FOLLOWING AND PAY THE ADDITIONAL TRANSFER FEE

TRANSFER OWNERSHIP TO (PRINT):

NAME _____ IMR # _____ PHONE _____

ADDRESS _____ CITY, STATE, ZIP _____

AS OWNER/LESSEE/AUTHORIZED AGENT (CIRCLE ONE) OF DAM AT TIME OF FOALING, I HEREBY CERTIFY THAT: ALL INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE. I (WE) FURTHER AGREE TO TRANSFER OWNERSHIP OF THIS HORSE TO THE PERSON(S) LISTED ABOVE.

SIGNATURE _____ DATE _____

(RECORDED OWNER OF THE DAM AT TIME OF FOALING ("AND" OWNERSHIP REQUIRES BOTH SIGNATURES)