

THE AMERICAN MORGAN HORSE ASSOCIATION, INC.

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Registry@morganhorse.com • www.morganhorse.com

NOTICE OF FROZEN SEMEN TRANSFER

NOTICE

The American Morgan Horse Association, Inc. expressly reserves the right to alter or cancel a Registration certificate at any time, in the event that any information upon which the Registration is based should be found inaccurate. In such case, the corporation shall not be responsible for any loss or damage that may result to any holder of this certificate.

any nolder of this certificate.				
1. PURCHASER:				
Print Name of Purchaser(s) — use first names — Not to ex	vessed 20 latters and enaces			
Tillit Name of Furchaser(s) — use first names — Not to e.	cced 29 letters and spaces.			
STREET ADDRESS				
CITY	STATE		ZIP + FOUR	
			AMHA NUMBER	
Check here if this is a new address TELEPHONE			AMHA NUMBER	
2. FROZEN SEMEN BEING TRANSFERI	RED IS FROM THIS	REGISTERED MO	ORGAN:	
NAME			REGISTRATION NUMBER	
	1 1		(this is the date AMIJA will begin accombine buryans signature on	
3. FROZEN SEMEN TRANSFER DATE:	/ /	← IMPORTANT	this is the date AMHA will begin accepting buyers signature on stallion service reports when frozen semen is breeding method	
The American Margan Herea Association (AMHA) eviate to present a present	ate and perpetuate the Margan bares	"The American Margan Haras As	sociation recommends and expects that all persons will conduct themselves in an	
-		-	tters." In making this application, I hereby subject myself to all the provisions of the	
Constitution, Bylaws, Rules and Regulations of the American Morgan Horse	Association, Inc., as they now exist or r	nay,from time to time, be amende	d, knowledge of which I now have or will immediately acquire. Specifically, I agree	
to be bound by the Rules and Regulations of the Registry and AMHA's Rules	for Hearings and Appeals which are av	ailable from the Registry or at ww	w.morganhorse.com	
4. SIGNATURE(S) OF FROZEN SEMEN				
I understand that I am responsible for the filing of a stallie	on service report when the fro	zen semen I purchased is	used to breed a registered Morgan mare.	
SIGNATURE		PRINT NAME		
ord. Wil Cit.				
SIGNATURE		PRINT NAME		
5. SIGNATURE(S) OF FROZEN SEMEN	SELLER—EVERY SE	LLER MUST SIGN	N	
I AUTHORIZE THE PURCHASER OF THIS I	FROZEN SEMEN TO RE	QUEST COAT COLO	R TESTING THROUGH AMHA: 🔲 YES 🔲 NO	
			AIT TESTING THROUGH AMHA: 🔲 YES 🔲 NO	
			C TESTING THROUGH AMHA: YES NO	
I hereby certify that the information contained herein is co	orrect and agree to be bound b	y terms stated above.		
SIGNATURE		PRINT NAME		
JIGHAT UKE		TRIVI NAME		
SIGNATURE		PRINT NAME		
STREET ADDRESS				
CITY	STATE _		ZIP + FOUR	
Check here if this is a new address TELEPHONE			AMHA NUMBER	

If this transaction is not completed within 120 days, the work will be returned and a cancellation fee will be assessed.

Current eligibility and Registry fees will apply upon resubmission.

RULES and **FEES**

RULE 9, SECTION 6: NOTICE OF FROZEN SEMEN TRANSFER

- 1. A. In the event that multiple units of frozen semen from one stallion are given, sold, or otherwise transferred to breed more than one mare, a NOTICE OF FROZEN SEMEN TRANSFER must be correctly provided on an official NOTICE OF FROZEN SEMEN TRANSFER form, accompanied by the appropriate fee.
- 2. The NOTICE OF FROZEN SEMEN TRANSFER is for reporting purposes (see Rule 9, Section 1 (F)). This is not a contract. It is the responsibility of the parties to ensure compliance with contractual obligations.

NOTICE OF FROZEN SEMEN TRANSFER FEES

SERVICE	AMHA MEMBERS	NON- MEMBERS
Fee	\$30	\$125
Late Fee (after Stallion Service Report is filed)	□ \$45	□ \$140
Additional Services:		
Rush Fee (Priority Service)	□ \$100	\$100
*AMHA membership applications can be found at www.morgan	าhorse.com or bu conta	ıcting AMHA.

~ Fees Must Accompany All Notices ~

Make all checks payable to:

The American Morgan Horse Association®

We accept VISA, MasterCard, Discover and American Express

☐ Check payable to AMHA for these transactions enclosed.							
Please bill my:	☐ VISA	☐ MASTERCARD	DISCOVER	☐ AMERICAN EXPRESS			
Card Number: _							
Expiration Date	e:		CVV:		Amount: \$		
Authorized Sigr	nature:						

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