

How to List a Stallion for Breeding



American Paint Horse Association

Mailing Address: P.O. Box 961023 ♦ Fort Worth, Texas 76161
 Physical Address: 2800 Meacham Blvd. ♦ Fort Worth, Texas 76137
 (817) 834-APHA (2742) ♦ Fax (817) 834-3152
 www.apha.com ♦ askapha@apha.com

Stallion Listing

- ♦ Listing a stallion serves the purpose of declaring your intent to breed him. Whether your stallion is a registered American Paint Horse, a Quarter Horse or a Thoroughbred, there is a \$75 stallion listing fee due when the first stallion breeding report is filed. This is a one-time fee to list a stallion as an eligible sire for his lifetime.
- ♦ If the stallion is a Quarter Horse or Thoroughbred, a copy of the front and back of the AQHA or Jockey Club registration certificate showing the recorded owner at the time of breeding and the pedigree/bloodlines is required. Photographs, a direct left sideview and a direct right sideview, are also required. If photographs indicate that the horse has characteristics of any ineligible breed, the horse is subject to removal from or rejection of listing.
- ♦ Should you sell the Quarter Horse or Thoroughbred stallion, the new owner will need to refile the listing card (at no additional charge).

Authorized Signers

- ♦ Only the signature(s) listed will be authorized to sign documents on the behalf of the individual or entity listed above. These signatures will be recorded as authorized agents for the listed stallion only, and will remain valid until terminated by the recorded owner or the stallion changes ownership. Signature in the ownership section does not mean authorization unless also listed in this section.

Ownership

- ♦ If the stallion is owned by a ranch, partnership, or entity, print the name and address of all partners. Each partner must sign indicating they agree the persons listed are authorized to sign on their behalf.

Other Necessary Items

- ♦ **Stallion Breeding Report**—You must submit a Stallion Breeding Report each year you breed the stallion. (See rule RG110). You may file your Stallion Breeding Report online at aphaonline.com.
- ♦ **DNA Genetic Testing**—All breeding stallions must be DNA genetic tested. Disease diagnostic package testing and coat color diagnostic testing are also available. To request a DNA genetic or diagnostic test kit for your stallion, contact the APHA Field Services representative. If a stallion's DNA genetic markers are already on file with an APHA-approved laboratory, it may not be required again if the owner of record provides APHA with a copy of the genetic markers.

Membership

- ♦ If you do not have a current membership with the Association and wish to take advantage of member rates, you may purchase a membership at this time. Membership rates will then apply to this transaction and any others post-marked during the membership period. Memberships will consist of a 12-month period beginning in the same month as the request for listing is postmarked.
- ♦ For more information, please call Customer Service at (817) 222-6423 or email askapha@apha.com.
- ♦ Fees are subject to change without notice.
- ♦ An office processing fee of \$10 will be charged on all registration work not processed to completion.

Stallion Listing Card

Name of Horse: _____
 Registration Number: _____
 Stallion Owner: _____ APHA ID# : _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone Number: _____ Email: _____
 I authorize the American Quarter Horse Association and the Jockey Club to release the genetic markers on file for the above named horse to the American Paint Horse Association.
 Recorded Stallion Owner's Signature: **X**

Authorized Signers

Printed Name of Authorized Individual	Signature of Individual	Authorization is for:		
		Stallion Breeding Reports	Breeder's Certificates	Semen Permits
_____	X			
_____	X			
_____	X			

Ownership (A signature below will not constitute authority to sign documents unless included as an authorized agent above.)

1.) Name: _____ Signature: **X**
 Address: _____
 City: _____ State: _____ Zip: _____

2.) Name: _____ Signature: **X**
 Address: _____
 City: _____ State: _____ Zip: _____

3.) Name: _____ Signature: **X**
 Address: _____
 City: _____ State: _____ Zip: _____

Fees	US Funds Only	Member Rate
<input type="checkbox"/> Stallion Listing Fee (one time for life)		\$75
<input type="checkbox"/> DNA Kit Request		\$60
<input type="checkbox"/> Comprehensive Disease Diagnostic test (test for the presence of HERDA, HYPP, GBED and OLWS)		\$100
<input type="checkbox"/> Comprehensive Coat Color test (test for the presence of red factor, agouti, cream, pearl, champagne, dun, silver, gray, tobiano, OLWS, Sabino 1)		\$110

Membership Levels	Adult	Junior (18 or younger)
<input type="checkbox"/> One-year	\$40	<input type="checkbox"/> One-year—\$20
<input type="checkbox"/> Three-year	\$90	<input type="checkbox"/> Three-year—\$40
<input type="checkbox"/> Five-year	\$150	<input type="checkbox"/> J-Term—\$100
<input type="checkbox"/> Lifetime	\$500	Birthdate: ____/____/____

Additional Product Packages:
 Premium—\$45* (save \$20) One-year subscription to the *Paint Horse Journal* (\$30 value), four generation, frameable, pedigree certificate (\$20 value), \$15 gift certificate to the APHA General Store.
 Deluxe—\$15 (save \$5) Four generation frameable, pedigree certificate (\$20 value).

* U.S. ONLY

Total Amount Due

Listing Fee:	\$ _____
DNA Genetic Test:	\$ _____
Diagnostic Test Kit:	\$ _____
\$25 Rush Fee:	\$ _____
Membership Dues:	\$ _____
Online Access Service:	\$ _____
Product Package:	\$ _____
TOTAL	\$ _____

Online Access:

- My APHA**—(Free to APHA members): Includes submit online stallion breeding report and foal registrations.
- APHA Basic**—\$25 per year: Includes pedigrees, performance records, progeny records and show results.
- APHA Plus**—\$14.95 per month: Includes "My Barns," Color Calculator, show records and extras.

Check or money order enclosed. **Do not send cash.**

Check Processing Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically.

MasterCard Visa American Express

If paying by credit card, please complete the following:

Card No.: _____
 Exp. Date: _____ CVV#: _____
 Name of Cardholder: _____
 APHA ID No.: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____
 Email: _____
 Signature: **X**