



Application for Dual Registration

For horses currently registered with another official breed/bloodline registry.

Office Use Only

Received _____
 Number _____
 Section _____
 Completed _____
 By _____

Identification

Name Choices:

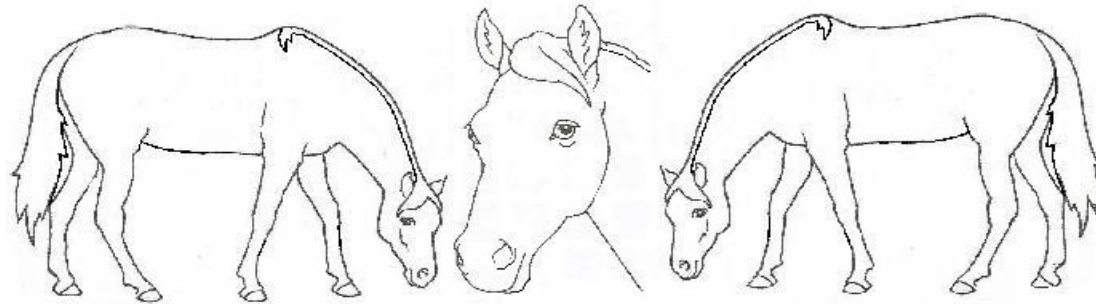
1 st																				
2 nd																				
3 rd																				

Registries currently registered with: *(Please include legible photo copy of registration certificates)*

_____ # _____
 _____ # _____
 _____ # _____
 _____ # _____

Markings

Please shade in, and identify placement of all white markings, brands, and scars.



Draw Brand here

If no brands print "No Brands" in box

Draw Lip/Ear Tattoo # here

Ownership

(Must be the same as listed on all other registration certificates)

Current Owner: _____ Email _____
 Address _____ City _____ State _____ Phone _____
 Person purchased from _____ Date purchased _____
 Address _____ City _____ State _____ Phone _____

By submitting this form, I agree to release all the information herein to the National Quarter Horse Registry for recording and educating purposes. I understand that the names, address, and personal information on this application will not be released to anyone without my permission, unless requested by a court of law. Further I will certify that I am the legal owner of the applicant horse, and all the information being submitted on the application is true and correct to the best of my belief and knowledge.

Signature: _____ Date: _____

Please be sure to submit: four full body (right, left, head, tail) photos of the horse to be used on your certificate.