

TRANSFER OF FROZEN SEMEN

The Owner/Seller	OR the <u>BUYER</u> must be an active American Saddlebred Horse and the second secon	Transfer Fee\$65
Check Enclosed	Visa, MasterCard, Discover, AMEX	Membership Dues Membership year Dec. 1 - Nov. 30) Please Print Name of Membership Applicant:
Card Number:		Name: \$70 🗌
Exp. Date:/	(month/year)	Non-member transaction fee\$50
Cardholder's Nam	ne:	Total Fees Due\$
	The buyer will have authority to sign breeder's certifi for foals conceived by the use of the	
This is an OFFICIA	AL DOCUMENT and must be COMPLETED IN FULL BEYOND TH	IS POINT.
REGISTERED NA	ME OF HORSE:	REGISTRATION NUMBER:
Date Of Sale	/(indicate date frozen semen actually changed ownership)	
Number Of Breed	ing Doses or Straws Purchased	
BUYER'S NAME: For Office Use Only Owner's ASHBA ID# Authority ID#		
ADDRESS:		
CITY/STATE/ZIP:		
PHONE:	EMAIL:	
	If the Buyer's information reflects the name(s) of a business entity Statement of Signature Authority form must be filed (or currently b	
		natures of all owners to transfer frozen semen) ure of only one owner to transfer frozen semen)
SELLER'S NAME:	:	
ADDRESS:		For Office Use Only
CITY/STATE/ZIP:		Owner's ASHBA ID# Authority ID#
PHONE:	HONE: EMAIL:	
	e recorded owner of the stallion at the time the semen was sold, a contracting that the seller owns the semen. See Registry of the ASHBA Rule Sec	
SIGNATURE(S) of SELLER(S) SIGNATURE		RE(S) of SELLER(S)
Recorded Owner, Fro	zen Semen Owner Or Authorized Agent Recorded C	Owner, Frozen Semen Owner or Authorized Agent
PRINT NAME	PRINT N	AME

Return completed form by email saddlebred@asha.net, fax or mail to: ASHBA, 4083 Iron Works Parkway, Lexington, KY 40511