

CAL-BRED REGISTRATION APPLICATION

Arabian Racing
ASSOCIATION OF CALIFORNIA



CAL-BRED # _____
DATE REC'D _____
FEE PAID _____
PROCESSED BY _____

Name of Foal _____ AHA # _____
Color _____ Sex _____ Date Foaled _____ State Foaled _____
Sire _____ AHA # _____
Dam _____ AHA # _____
Dam's Sire _____ AHA # _____
Owner of Foal _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Social Security or Tax ID # _____

Breeder of Foal _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Social Security or Tax ID # _____
Name of ranch or place where foal was delivered _____
Address _____ City _____ State _____ Zip _____

Owner of Sire _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Social Security or Tax ID # _____
Name of ranch or place where sire stood _____
Address _____ City _____ State _____ Zip _____

COMPLETE THIS SECTION FOR FOALS CONCEIVED OUT OF STATE

After delivery of this foal, to what stallion was this mare bred?

Stallion Name _____ AHA # _____
Owner of Stallion _____ Phone # _____
Dates of Coverage _____
Name of ranch or place where stallion stood _____
Address _____ City _____ State _____ Zip _____

PLEASE READ BEFORE SIGNING

The applicant assumes full responsibility for the proper identification of the above foal as a CAL-BRED and agrees that if it should later be proved ineligible, all CAL-BRED award monies will be forfeited and returned. I fully understand the eligibility requirements for registering a foal as a California bred (refer to current regulations) and that the above foal is qualified for registration. I certify under penalty of perjury the foregoing is true and correct.

Dated at _____ this _____ day of _____ 20 _____

Applicant Name _____ Signature _____

RETURN TO:

ARAC
P.O. Box 85
Pope Valley, CA 94567

QUESTIONS PLEASE CALL
(562) 949-9077