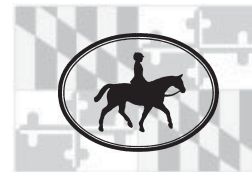




**Maryland Horse Shows Association, Inc.**  
PO Box 345, Sykesville MD 21784



**Application for MD Bred Pony Recording**

Change to MD Bred status .....\$15.00

MD Bred Lifetime recording ..... \$40.00

Registration Qualifications: Owner of record must be a current member of the MHSA and Pony must be foaled in the state of Maryland. Please complete entire form and attach additional information, as required below:

- Ponies foaled 2004 or later - attach Stallion Service Certificate issued by owner of the Stallion.
- Ponies foaled 2000 to 2003 - attach Veterinary Certificate if Stallion Service Certificate can not be completed.
- Ponies foaled prior to 2000 - will be considered Only with attached copy of Breed registration papers.

Requested Name \_\_\_\_\_ MHSA#: \_\_\_\_\_  
 Date Foaled \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Height: \_\_\_\_\_  
 Sire \_\_\_\_\_ Dam \_\_\_\_\_  
 Markings - be specific in written description \_\_\_\_\_  
 Head \_\_\_\_\_ Body \_\_\_\_\_  
 Right Fore Leg \_\_\_\_\_ Left Fore Leg \_\_\_\_\_  
 Right Hind Leg \_\_\_\_\_ Left Hind Leg \_\_\_\_\_

**Foaling Affidavit** - to be completed by Breeder (owner of dam at time of foaling)  
 Breeder Name \_\_\_\_\_ MHSA#: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ phone \_\_\_\_\_/\_\_\_\_\_  
 Place Foaled: \_\_\_\_\_  
 (complete address if other than above)  
 I certify that the above listed pedigree and particulars are correct to the best of my knowledge and belief, and that all information on this application is true and accurate.  
 \_\_\_\_\_  
*Signature of Breeder/Authorized Agent* *Date*

**Stallion Service Affidavit** - to be completed by Owner of Stallion  
 Owner Name \_\_\_\_\_ MHSA#: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ phone \_\_\_\_\_/\_\_\_\_\_  
 Service Dates \_\_\_\_\_ Year \_\_\_\_\_  
 I certify that the mare listed above was bred to the stallion listed above on the service dates I have provided.  
 \_\_\_\_\_  
*Signature of Stallion Owner or Authorized Agent* *Date*

**Owner Information** - if different from Breeder  
 Owner Name \_\_\_\_\_ MHSA#: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ phone \_\_\_\_\_/\_\_\_\_\_

I enclose payment of \$ \_\_\_\_\_, and hereby certify that all statements on this form are correct to the best of my knowledge and belief.  
 \_\_\_\_\_  
*Signature of Owner/Authorized Agent* *Date*

All applications for recording are subject the MHSA's Rules and Regulations. All persons completing or signing any portion of this application, or submitting this application agree to abide and be bound by the Rules and Regulations. An incorrect certification may result in rejection or cancellation of this registration and in appropriate cases, disciplinary action against the persons involved.