



# American Warmblood Registry

P.O. Box 1332 DeLeon Springs FL 321301

Phone (561) 693 5516

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## Transfer of Ownership

(Membership applications can be downloaded at [www.americanwarmblood.com](http://www.americanwarmblood.com))

**I hereby apply for transfer of ownership in the American Warmblood Registry:**

This is to certify that the following horse, \_\_\_\_\_

was purchased/sold/transferred on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Current name of OWNER OF RECORD on the Certificate of Registration:

\_\_\_\_\_

Implanted AWR microchip ID #: \_\_\_\_\_ **Request a microchip:** \_\_\_\_\_

**As of 2017 microchips are mandatory, I herewith request a microchip for the above horse @ \$27.00.**

**I have enclosed the ORIGINAL CERTIFICATE OF REGISTRATION and a COPY of the BILL OF SALE indicating proof of ownership.**

**Please issue a new Certificate under the following name:**

Change to read horse name: \_\_\_\_\_  
(Max. 18 characters or less including spaces - **an additional \$40 fee applies**)

Name of NEW Owner: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**I certify the above information to be correct  
(Signature required from person completing form)**

\_\_\_\_\_

Payment method \_\_\_ Check (enclosed) \_\_\_ Money order (enclosed) \_\_\_ VISA \_\_\_ M/C

Credit Card Number \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_ 3-digit sec. code \_\_\_\_\_

Name as it appears on card (please print clearly) \_\_\_\_\_

Signature \_\_\_\_\_

**TRANSFER FEES TO BE PAID IN US DOLLARS - CANADIAN ORDERS MUST BE PAID FOR BY CREDIT CARD ONLY**

**Within 3 months from date of sale: \$50 for members, \$100 for non-members**

**After 3 to 12 months from date of sale: \$95 for members, \$190 for non-members**

**After 12 months from date of sale: \$200 for members, \$400 for non-members**

**NON-MEMBERS PAY DOUBLE.**