

# FALABELLA MINIATURE HORSE ASSOCIATION

33222 N. Fairfield Rd.  
Round Lake, IL 60073-9636 U.S.A  
Phone: 847-546-6688 Fax: 847-546-6692

## PURE FALABELLA REGISTRATION APPLICATION

**INSTRUCTIONS- READ CAREFULLY- TYPE or PRINT IN CLEAR, BOLD LETTERS.**  
FMHA FALABELLA REGISTRATION REQUIRES HAVING TWO PURE FALABELLA PARENTS.  
SEE REVERSE SIDE FOR FMHA REGISTRATION REQUIREMENTS and FEE'S.

NAME OF HORSE \_\_\_\_\_  
**Name not to exceed 35 letters & spaces. Punctuation is not allowed.**

SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ PERMANENT HEIGHT \_\_\_\_\_  
Month Day Year at 3 years or older

COLOR \_\_\_\_\_ MANE + TAIL COLOR \_\_\_\_\_

MARKINGS \_\_\_\_\_

Yes, I authorize FMHA to designate the color as represented by photographs.

**IMPORTANT: HEIGHTS ARE REQUIRED ON SIRE AND DAM**

SIRE NAME \_\_\_\_\_ REG # \_\_\_\_\_ HEIGHT \_\_\_\_\_

DAM NAME \_\_\_\_\_ REG# \_\_\_\_\_ HEIGHT \_\_\_\_\_

BREEDERS NAME AND ADDRESS  
(Owner of dam at time of service)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

OWNERS NAME AND ADDRESS  
(Owner of dam at time of foaling)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Signature \_\_\_\_\_

(Owner or Authorized Agent on foaling date)

### SERVICE CERTIFICATE

If you did **NOT** own BOTH sire and dam at time of service, complete the section below.

I certify my Stallion named \_\_\_\_\_ Reg # \_\_\_\_\_ Height \_\_\_\_\_

bred the mare named \_\_\_\_\_ Reg # \_\_\_\_\_ Height \_\_\_\_\_

Breeding Dates \_\_\_\_\_ 20 \_\_\_\_\_

SIGNATURE of Stallion Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

PRINT: Stallion owner name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Country \_\_\_\_\_ & e-mail \_\_\_\_\_

**THIS FORM MAY BE COPIED OR DOWN LOADED FROM FMHA AT: [www.falabellafmha.com](http://www.falabellafmha.com)**