

# The Caspian Horse Society Of The Americas

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## Partbred Caspian Horse Ownership Transfer Application

1. Please use one form per horse, this application must be *signed* and completed by the recorded owner of the horse at the time of sale.
2. Please print or type required information. Please note whether you would like the Registration Certificate mailed to the Seller or Buyer after the CHSA has processed the application.
3. If the horse being transferred is a bred mare, please complete the Stallion Service Certificate, if not, leave this section blank.
4. Return the Transfer Application and enclose the *original* Certificate of Registration along with the transfer fee of \$15.00 for Members or \$30.00 for Non-Members, within six months of the sale, to the CHSA Registry.

**Name of Horse** \_\_\_\_\_ **Reg.#** \_\_\_\_\_ **Sex** \_\_\_\_\_

If this horse is a mare, was she bred at the time of transfer? Yes \_\_\_\_\_ No \_\_\_\_\_ (If this mare was bred, the seller must complete Section 2 below.)

Buyer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize the transfer of ownership of this horse on the book of the CHSA and certify that the horse was delivered to the purchaser on \_\_\_\_\_, 20\_\_\_\_. I also certify that horse delivered is the horse identified by the Microchip number and photographs shown on the Certification of Registration.

Seller's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Seller (or Authorized Agent) \_\_\_\_\_ Date \_\_\_\_\_

Please send Certificate of Registration to: Seller  Buyer

### Section 2 - Stallion Service Certificate

I certify,

That the Stallion named \_\_\_\_\_ Breed \_\_\_\_\_ Reg.# \_\_\_\_\_

Bred the Mare named \_\_\_\_\_ Breed \_\_\_\_\_ Reg.# \_\_\_\_\_

Dates of Service: Natural (Hand) \_\_\_\_\_

Pasture Service \_\_\_\_\_

Artificial Insemination \_\_\_\_\_

Signature (Owner of Sire at time of breeding) \_\_\_\_\_ Date \_\_\_\_\_