



UNREGISTERED HORSE APPLICATION

NAME: _____

(Note: cannot conflict with horse in USCHA or any other association)

USCHA will issue a certificate is to be used when entering any USCHA approved event.

In process registering Breed Association ____NO ____YES

Breed _____

If/when this horse is ever registered with a Breed Association send copies of the new registration papers and return the unregistered certificate to USCHA.

FOAL DATE: _____ SEX _____ COLOR _____

SIRE: _____

BREED _____ REGISTRATION # _____

DAM: _____

BREED _____ REGISTRATION # _____

CURRENT OWNER: _____ USCHA# _____

ADDRESS/CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

By signing below, I attest the information listed above is true and correct.

Owners signature: _____

*United States Cutting Horse Association, LLC
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