



REGISTRATION CERTIFICATE REPRINT / REPLACEMENT

Sendera Draft Horse Registry
PO BOX 468
Tioga, TX 76271
TEL: (903) 883-SPOT (7768)
admin@SenderaDraft.com

If you have questions regarding this form, call our office or email admin@SenderaDraft.com

FREE REPRINT REQUEST - 2020

REQUIREMENTS FOR REPRINT / REPLACEMENT OF REGISTRATION CERTIFICATE:

1. All blanks must be completed, including original signature of recorded owner.
2. If ownership change is needed, a signed **Transfer of Ownership - FORM TF.1207** and transfer fee must be included.
3. Four current color photographs including both sides, a direct face and a rear view, clearly showing all face and leg markings, as well as close-up photographs of any brands and/or scars. The SDHR reserves the right, at its discretion, to require additional photographs of better quality. (If the description of your horse has changed, the SDHR will describe your horse as it appears in submitted photographs)
4. If the named horse does not have a DNA (ISAG) profile on file with the SDHR, please consider including hair with **FORM AG.1407** **ISAG - is **not** a requirement for reprint (Cost of the ISAG profile is **not** included in the change fee. Additional fee applies)

Additional information may be requested before reissuance of Certificate.

I. HORSE'S INFORMATION:

Registered Name of Horse: _____

SDHR Registration #: _____

Date Foaled: _____ Sex: Mare ___ Stallion ___ Gelding ___ Date spayed/gelded: _____

Sire Name: _____

Registration #: _____

Dam Name: _____

Registration #: _____

II. OWNER INFORMATION:

Recorded Owner's Name: _____

SDHR Membership# : _____

Mailing Address: _____

Email: _____ Phone: (____) _____

CHECK HERE IF THIS IS A NEW ADDRESS

As owner of this horse, I request the information acquired on this form be used to update any necessary files. I certify all information on this request is true and correct to my personal knowledge and agree the SDHR has the privilege to correct and/or cancel the registration certificate for cause under its rules and regulations.

Recorded Owner's Signature: _____ Date: _____

III. REASON FOR REPLACEMENT / REPRINT REQUEST: (Choose all that apply)

- Certificate received is incorrect - Registry Error. (Verification of initial submitted documents required)
Correction(s) needed - _____
- Certificate received is incorrect - Owner submitted incorrect information. Correction(s) needed - _____
- Certificate was received and lost.
- Certificate was never received from SDHR.
- Certificate returned (mailed) to the SDHR.
- Certificate given to: Name - _____
Address - _____
- Certificate given to an auction company - Name - _____
Address - _____

VI. HORSE IDENTIFICATION: Submit four photographs: front, both sides and rear view; all photos must be in color and clearly show any and all markings (including LP characteristics, brands and scars) on the head, body and all four legs.

Color & Markings Description: _____

V. FEE SCHEDULE: Fees subject to change. All applications received without payment will not be processed. US Funds Only.

- Corrected Certificate of Registration - If Registry Error Only - (Member \$0; Non-Member \$0)
- Update requested - No Reprint Needed - (Member \$0; Non-Member \$0)
- Replacement Certificate of Registration, all information has been provided (Member \$20; Non-Member \$35)
- Replacement Certificate of Registration - **FREE**

CHECKLIST: Allow 4-6 weeks for processing.

- Four current color photographs (both sides of entire horse, front and rear view)**
- Close-up photos of LP characteristic of solid horses, scars, brands or other identifying marks, if applicable**
- Fees (including membership fee and/or transfer fee, if needed)**
- RUSH FEE** – Seven (7) working days from receipt for processing (Member \$30; Non-Member \$50)
- Form TF.1207 - Transfer of ownership** (if you are not the current recorded owner of the horse at time of submittal)
- If Applicable - Form AG.1407 – Equine Testing with hair sample for DNA (ISAG) profile** (Pull 30-40 mane or tail hairs with roots attached. Place hairs into a plastic zip-lock bag.)
- I would like to be a member. I am enclosing an additional \$_____** (Also include Membership Form - MA.1507)

PAYMENT: Total Amount: \$_____

- Check Money Order Paypal Invoice Requested (\$5 service charge applies)
- Pre-pay via Paypal (admin@SenderaDraft.com) Date Payment Sent: _____ Transaction#: _____