

THE HALF MORAB REGISTRY APPLICATION

PART OF THE INTERNATIONAL MORAB REGISTRY

S101 W34628 County Road LO Eagle, WI 53119

THMR
IS AN INDEPENDENT
STUD BOOK
MANAGED BY THE
INTERNATIONAL
MORAB REGISTRY.
REGISTERED
HORSES WILL
NEVER BE ELIGIBLE
FOR FULL MORAB
REGISTRATION IN
THE IMR.

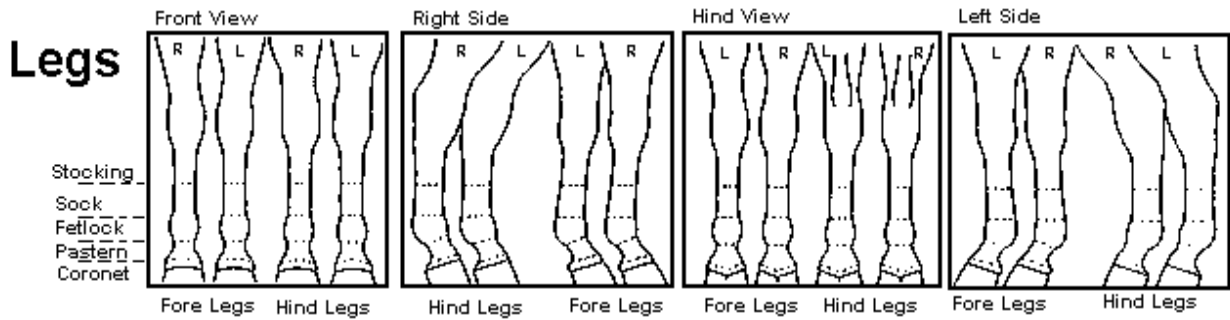
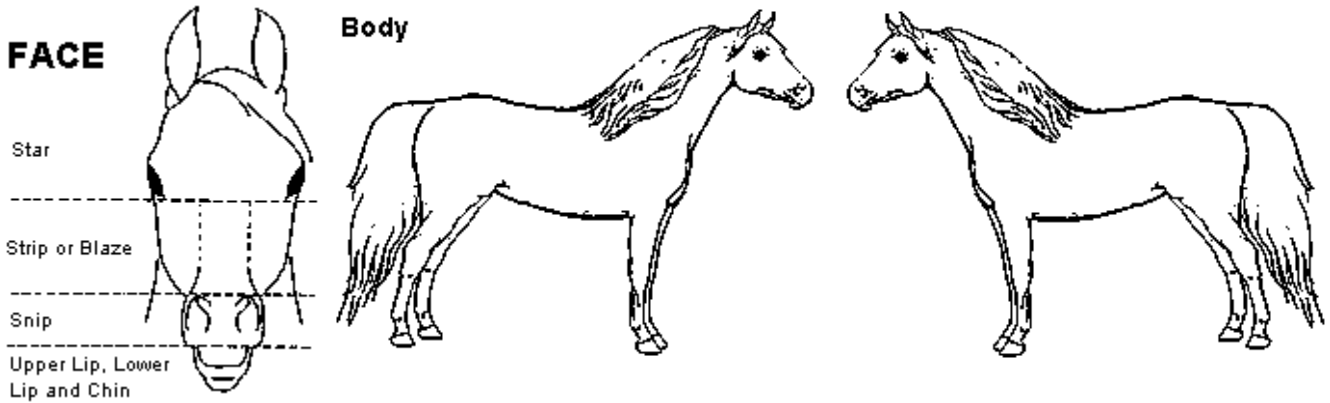
FOALING DATE				
MONTH DAY YEAR				
NAME REQUESTED (Please Print)				
1ST CHOICE _____				
2ND CHOICE _____				
SEX: (CIRCLE ONE) STALLION; MARE ; GELDING. COLOR PATTERN: (CIRCLE ONE) SOLID; ROAN; OVERO; LEOPARD				
BODY COLOR: (CIRCLE ONE) BAY; BLACK; BUCKSKIN; CHESTNUT; CREMELLO; DUN; PALOMINO; GRAY				
SIRE NAME	REGISTRY #	BREED	COLOR	
DAM NAME	REGISTRY #	BREED	COLOR	
OWNER/LESSEE/AGENT OF DAM AT TIME OF FOALING (PRINT)				
NAME		IMR #	PHONE	
ADDRESS	CITY	STATE	ZIP	
AS <i>OWNER/LESSEE/AUTHORIZED AGENT (CIRCLE ONE)</i> OF DAM AT TIME OF FOALING , I HEREBY CERTIFY THAT: ALL INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE; THE REGISTRY MAY CORRECT AND/OR CANCEL THE REGISTRATION FOR CAUSE UNDER ITS RULES; I WILL DEFEND, INDEMNIFY AND HOLD THE REGISTRY HARMLESS FOR THE INFORMATION I PROVIDE ON THIS FORM.				
SIGNATURE _____ DATE _____				
BREEDER CERTIFICATION				
I HEREBY CERTIFY THAT I WAS THE <i>OWNER/LESSEE/AUTHORIZED AGENT (CIRCLE ONE)</i> OF DAM ABOVE AT THE TIME SHE WAS BRED TO THE STALLION SHOWN AS SIRE ABOVE.				
OWNER/LESSEE/AGENT OF DAM AT TIME OF BREEDING (PRINT)				
NAME		IMR #	PHONE	
ADDRESS	CITY	STATE	ZIP	
SIGNATURE _____ DATE _____				
STALLION CERTIFICATION				
I HEREBY CERTIFY THAT I OWNED/LEASED/AGENT(<i>CIRCLE</i>) THE STALLION SHOWN AS SIRE ABOVE WHEN HE BRED THE DAM ABOVE.				
THE SERVICE DATES WERE: _____ OF YEAR _____, BY: (CIRCLE) PASTURE; AI; IN HAND				
STALLION OWNER/LESSEE/AGENT (CIRCLE ONE) OF STALLION AT TIME OF BREEDING (PRINT)				
NAME		IMR #	PHONE	
ADDRESS	CITY	STATE	ZIP	
SIGNATURE _____ DATE _____				
<ul style="list-style-type: none"> • COPY OF THE MORAB PARENT REGISTRATION & PEDIGREE PAPERS ARE: ATTACHED/ALREADY ON FILE (CIRCLE ONE). • COPY OF THE OTHER PARENTS PEDIGREE PAPERS (IF REGISTERED) IS ATTACHED/NOT REGISTERED. • COPY OF ANY LEASE OR AGENT AGREEMENTS ARE ENCLOSED. • REGISTRATION FEE IS ENCLOSED. 				

MARKINGS - DRAWN

All white markings must be drawn. If the horse has no white markings, check the box for "No White Markings".

Hoof color must be indicated.

For Grey horses with white markings: If white marks have underlying pink skin, check "Yes" in the underlying pink skin box; or If the white marks do not have underlying pink skin (faint markings) check "No" in the underlying pink skin box. For further information consult the Registry.



MARKINGS IDENTIFIED

Answer each line below by checking either a yes or no box.
On grey horses, pink skin boxes must be completed or processing will be delayed.
The color of each hoof must be checked.

Face	White Markings		Underlying Pink Skin		Legs	White Markings		Underlying Pink Skin		Hoof Color		
	Yes	No	Yes	No		Yes	No	Yes	No	Light	Dark	Parti
Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strip or Blaze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Fore Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Lip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Hind Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Lip & Chin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

No White Markings

Body Markings, Tattoo or Brand (if any) _____

Markings Drawn by: _____