



**NORWEGIAN FJORD HORSE ALLIANCE
RECORD NUMBER APPLICATION**

NFHA Secretary
537 Fjord Ridge Dr
Mathias, WV, 26812
E-Mail: secretary@nfha.org

NAME OF HORSE: _____
(As it should appear on the record number certificate)

COLOR: _____ SEX: Stallion Mare Gelding

MICROCHIP #: _____

WHITE MARKINGS: _____

FOALING DATE: _____ WHERE FOALED: _____
(If known) (If known)

AGE: _____ Exact Approximate

SIRE'S NAME: _____
(If known)

DAM'S NAME: _____
(If known)

OWNER OF HORSE TO BE RECORDED: _____
(As it should appear on the record number certificate)

OWNER'S Mailing Address: _____

City State (or Prov.) Zip or Postal Code

OWNER'S Phone Number: (____) _____ - _____

SIGNATURE: _____ Date: _____

SIGNATURE: _____ Date: _____

Member of NFHA? Yes No

Date of Purchase: _____

Please **PRINT** or **TYPE** all the required information.

Attach color photos: 1) showing side view, and 2) face