Rocky Mountain Horse Association

CERTIFICATE OF REGISTRATION

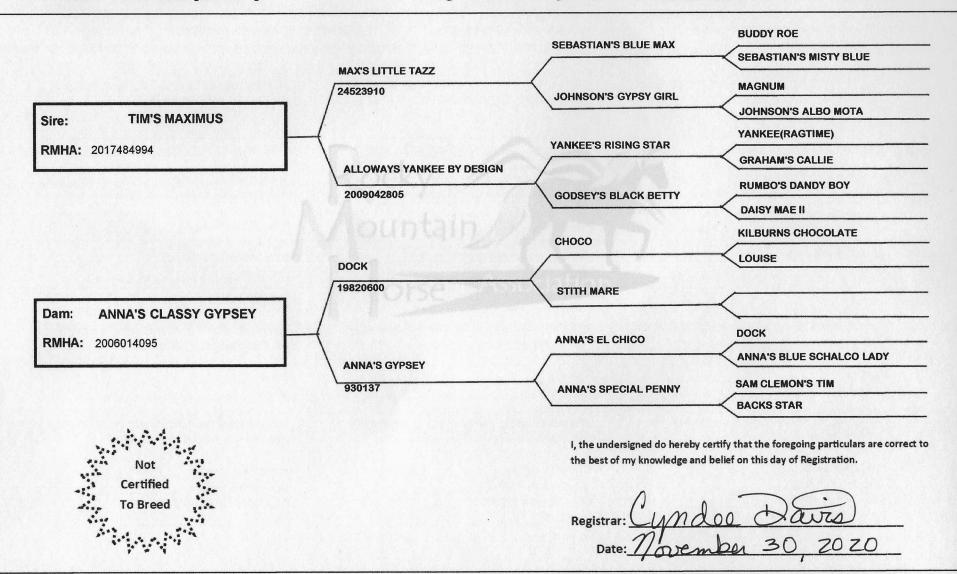
This certifies that the ROCKY MOUNTAIN HORSE named: AF CLASSY SASSY

Date of Birth: 04/11/2019

Gender: Female

Breeder: Tim & Cathryn Abbey

is registered and assigned RMHA#: 2020486795



AF CLASSY SASSY 2020486795

Color: Silver Black

Face: None

Certificate of Registration issued to:

Tim & Cathryn Abbey

Evidence of ownership is documented in the RMHA Registry by the seller completing Transfer of Ownership, payment of fee, and entry/recording by the RMHA Registrar.

I hereby transfer the animal as represented by

Name: ______Address:

and authorize the RMHA Registry to make this

transfer in the records of the RMHA.

Date of Purchase:
Signature of Seller:
Date Entered (Registrar):
Registrar:

I hereby transfer the animal as represented by

Name:______Address:_____

transfer in the records of the RMHA.

and authorize the RMHA Registry to make this

this Certificate of Registration to:

this Certificate of Registration to:

Mane: Flaxen	Left Hind: Pastern			
Tail: Flaxen		Right Hind:		
Scars:		Tattoo/Brand:		
Color Changed at Certification: Markings		Changed at Certification: MicroChip:		
DNA Number: H20-06307	DNA Date:	11/20/2020	Certification Date:	
Foal State of Birth: Washington	Dam State	of Breeding: Washington		
-3-		-5-		
I hereby transfer the animal as represented by		I hereby transfer the animal as represented by		
this Certificate of Registration to:		this Certificate of Registration to:		
Name:		Name:		
Address:		Address:		
and authorize the RMHA Registry to make this		and authorize the RMHA Registry to make this		
transfer in the records of the RMHA.		transfer in the records of the RMHA.		
Date of Purchase:		Date of Purchase:		
Signature of Seller:		Signature of Seller:		
Date Entered (Registrar):		Date Entered (Registrar):		
Registrar:		Registrar:		
-4-		-6-		
I hereby transfer the animal as represented by		I hereby transfer the animal as represented by		
this Certificate of Registration to:		this Certificate of Registration to:		
Name:		Name:		
Address:		Address:		
and authorize the RMHA Registry to make this		and authorize the RMHA Registry to make this		
transfer in the records of the RMHA.		transfer in the records of the RMHA.		
Date of Purchase:		Date of Purchase:		
Signature of Seller:		Signature of Seller:		
Date Entered (Registrar):		Date Entered (Registrar):		
Registrar:		Registrar:		

Left Fore:

Right Fore: