



**Equine Registries – Fell Pony Cross**  
 204 Longview Drive  
 Jeffersonville, IN 47120

**Transfer Of Ownership Form**

Horse Name: \_\_\_\_\_

Registration # \_\_\_\_\_ Date Of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Stallion \_\_\_\_ Mare \_\_\_\_ Gelding \_\_\_\_ Spayed Mare \_\_\_\_ Color/Pattern \_\_\_\_\_

Owners Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

Co-Owners Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Date Of Transfer \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I (We) Certify with our signature(s) below that the above-named Equine was transferred to the new owner(s) listed on this form. Signature(s) below grant permission to Equine Registries to transfer ownership of this Equine to the new owner(s) named below.**

Owner's Signature	Date	Co-Owner's Signature	Date
_____	_____	_____	_____

**New Owner's Name** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

**New Co-Owner's Name** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

[www.equineregistries.com](http://www.equineregistries.com)

**Mail completed Transfer Form, ORIGINAL Registration Certificate and fee payment to Equine Registries Office address as listed above.**

**Transfer fee within 6 months \$30.00, over 6 months Transfer fee \$40.00**

**PayPal payments accepted to: [equineregistries@gmail.com](mailto:equineregistries@gmail.com), credit cards accepted through PayPal to : [equineregistries@gmail.com](mailto:equineregistries@gmail.com) or personal check must be made payable to : Equine Registries**