

**MINNESOTA ARABIAN HORSE BREEDERS, INC.
MEDALLION STALLION FUTURITY**

Ownership Transfer Form

Horse to be Transferred: _____ MAHB Reg. # _____

Sire: _____ Dam: _____

Current Owner Name: _____

Farm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Telephone: (_____) _____ Work/Barn: (_____) _____

New Owner Name: _____

Farm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Telephone: (_____) _____ Work/Barn: (_____) _____

Signature: _____

Transfer Fee: \$20.00

MAKE CHECK PAYABLE TO: MINNESOTA ARABIAN HORSE BREEDERS, INC.

Return Form and Payment to:

MAHB, Inc. 1300 Hickory Drive Maple Plain, MN 55359

Inquiries to: Ann Benson 612-325-7293

For MAHB Use Only:

Fee Paid: _____ Date Received: _____ Postmark Date: _____ Initials: _____