



## American Haflinger Registry

PO Box 124, Fredericktown, OH 43019

Ph: 330-784-0000

General AHR Office E-mail:

secretary@haflingerhorse.com

### STALLION LICENSE APPLICATION

Stallion must be at least 2 years old when application is made.

Stallion cannot be used for breeding until after January 1st of his two-year-old year (effective 01/01/2026).

**Please note:** all fees are to be in US funds

Member Cost - \$ 45.00 DNA Typing

\$ 325.00 License Fee

Non Member Cost - \$ 110.00 DNA Typing

\$ 390.00 License Fee

#### General Information – To Be Completed by Stallion Owner

Stallion Name \_\_\_\_\_

Registration Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Owner of Stallion \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Owner please check one:

☐ The DNA lab report is attached or is already on file at the AHR office.

☐ Please send me a DNA application including the ID number for submitting hair for DNA testing to UC Davis. I understand that it is the owner's responsibility to collect and mail hair samples to UC Davis lab, and that licensing will not be complete until the lab report is received by the Registry which may take up to 4 to 6 weeks from submission.

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#### General Information – To Be Completed by a Veterinarian

1. Have both testicles descended? Does this stallion have two normal size testicles in normal position in the scrotum? Can you verify that the stallion is not cryptorchid? ☐ Yes ☐ No

2. Checking the first pair of (middle) incisors, top and bottom, do the biting surfaces touch? Can you verify that the stallion is neither monkey mouthed nor parrot mouthed? While checking his mouth, is his head in the normal head carriage for the Haflinger? ☐ Yes ☐ No

Veterinarian may make additional comments here: \_\_\_\_\_

I personally have inspected the above stallion and find him to meet the qualifications listed above as required for a breeding license with the American Haflinger Registry.

Veterinarian's Signature \_\_\_\_\_

Print Veterinarian's Name \_\_\_\_\_

Veterinarian's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Inspection \_\_\_\_\_