



**NORTH AMERICAN SHAYGA-ARABIAN SOCIETY**  
**APPLICATION FOR REGISTRATION**  
**PART SHAYGA**



**Horses Bred or Foaled in the North American Continent**

Name of Horse to be registered: \_\_\_\_\_

Sex (stallion / mare / gelding): \_\_\_\_\_ Color: \_\_\_\_\_

Date foaled: (month) \_\_\_\_\_ (day) \_\_\_\_\_, (year) \_\_\_\_\_

**PEDIGREE**

NAME of SIRE	NAME of DAM
_____ Registration #: _____ Color: _____ Year Foaled: _____	_____ Registration #: _____ Color: _____ Year Foaled: _____

**BREEDER'S CERTIFICATE**

I certify that the Mare \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ was bred to the stallion named as the sire of the horse described above, for which this registration is now requested.

**LEASED MARE:** Please attach a copy of the lease agreement showing dates of lease and designated breeder's name.

Name of Owner/Lessee of Dam at time of Breeding: \_\_\_\_\_

NASS Member: YES / NO Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Mare Owner/Lessee: \_\_\_\_\_

**SERVICE CERTIFICATE**

I certify that the Mare \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ was bred to the Pure Bred Shayga Stallion:

Name: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

on the dates stated: month(s), day(s) \_\_\_\_\_ Year: \_\_\_\_\_

*(Annual Stallion Report must be on file with Registrar or attached to this application.)*

If the horse to be registered was conceived by artificial insemination or transported semen procedures, furnish the following information *(documentation may be attached)*:

Type of Service: \_\_\_\_\_ Date(s) Performed: \_\_\_\_\_

Name of Veterinarian or Technician: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Owner of Sire at time of service: \_\_\_\_\_

NASS Member: YES / NO Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Stallion Owner: \_\_\_\_\_

**OWNER'S CERTIFICATE**

I certify that the above Pedigree, Description and particulars are true and correct to the best of my knowledge and belief.

Name of Owner of horse at time of registration: \_\_\_\_\_

NASS Member: YES / NO Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If the Owner is not the same person as the breeder, please attach a copy of the Bill of Sale or other documentation verifying legal ownership of the horse.

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

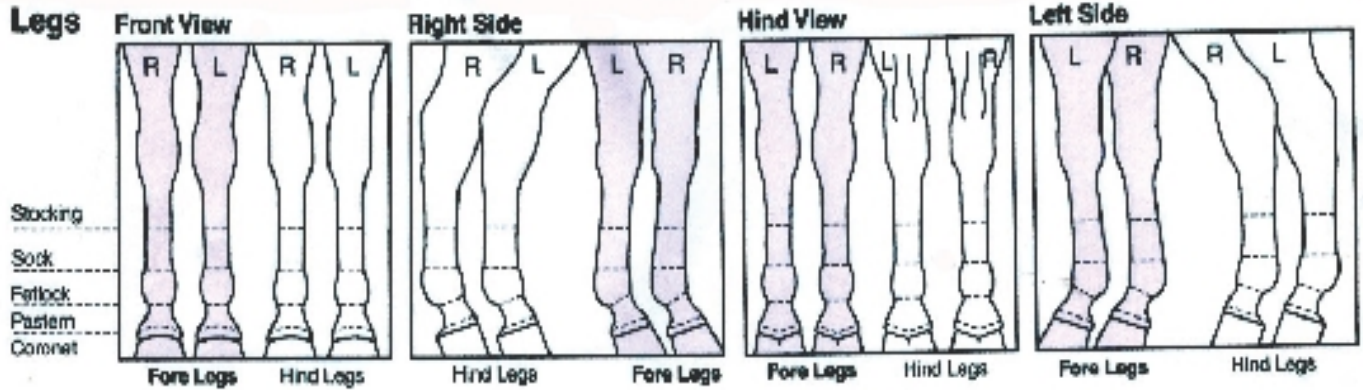
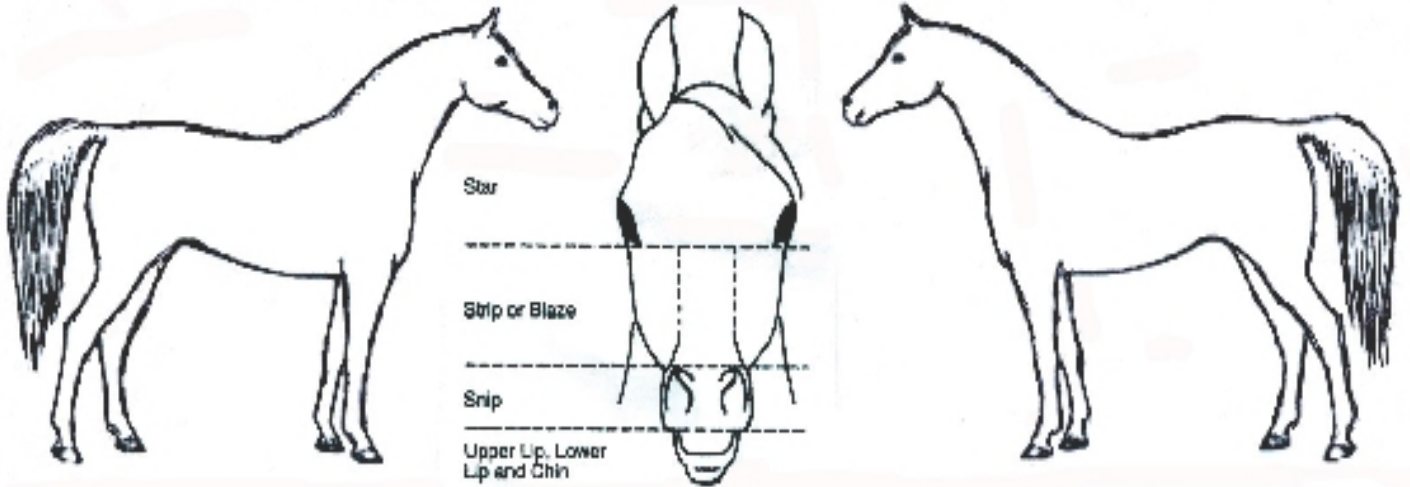
**NORTH AMERICAN SHAGYA-ARABIAN SOCIETY  
APPLICATION FOR REGISTRATION - PART SHAGYA**

**DESCRIPTION**

Name of Animal: \_\_\_\_\_

Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Date Foaled: \_\_\_\_\_

*Draw outlines of all true white markings (with underlying pink skin) on all diagrams below.  
Use ink. Description should be made with the animal before you to ensure accuracy.*



Describe all markings, corresponding to the drawings in the appropriate spaces below.

If the horse has no markings in a specific area, write "None".

Head and Face: \_\_\_\_\_

Right Fore Leg: \_\_\_\_\_ Left Fore Leg: \_\_\_\_\_

Right Hind Leg: \_\_\_\_\_ Left Hind Leg: \_\_\_\_\_

Mane: \_\_\_\_\_ Tail: \_\_\_\_\_

Body Markings: \_\_\_\_\_

Official Brands, Freeze Markings, Tattoos (Location and Description): \_\_\_\_\_

Scars or acquired markings: \_\_\_\_\_

Markings drawn and described by: \_\_\_\_\_

(Breeder | Owner | Authorized Agent)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Castration of Stallion prior to registration: \_\_\_\_\_

Name of Veterinarian or Practitioner: \_\_\_\_\_

**NORTH AMERICAN SHAGYA-ARABIAN SOCIETY  
APPLICATION FOR REGISTRATION - PART SHAGYA**

Please complete both pages of the application and attach required documentation.

Mail applications, documentation and fees to the NASS Registrar:

Elaine Kerrigan, NASS Registrar, 1479 Freshwater Rd., Eureka, CA 95503      Questions? Please call 704-443-0215

Payment may be made via check, money order or PayPal.

All payments made payable to: North American Shagya-Arabian Society, Inc. (NASS).

PayPal payments to: [Treasurer@Shagya.net](mailto:Treasurer@Shagya.net)

Do Not Write in these spaces below. For Office use only.

	Number	Date Received	Date of Certificate	Payment	Amount
NASS/P-Sh-	____ - ____ - ____				

**Office Use Only:**

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Documentation:**

\_\_\_\_\_  
\_\_\_\_\_

Master Book	Cards	Stud Book	Sire Line	Dam Line	Owners List	Reports
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