



Paso Fino Horse Association, Incorporated

4047 Iron Works Parkway, Suite 1, Lexington, KY 40511 (859) 825-6000 FAX (859) 258-2125 www.pfha.org

MICROCHIP ORDER FORM

HORSE BEING MICROCHIPPED:

Horse's Registered Name: _____ PFHA Registration Number: _____

RECORDED OWNER OF THE HORSE:

Last Name: _____ First Name: _____ Middle Initial ____ PFHA MEMBERSHIP NUMBER: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Fax: _____ E-Mail Address: _____

SHIPPING ADDRESS (If different than above):

Last Name: _____ First Name: _____ Middle Initial ____ PFHA MEMBERSHIP NUMBER: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Fax: _____ E-Mail Address: _____

METHOD OF PAYMENT: (Do Not send cash.) Check/Money Order Payable to PFHA VISA MASTERCARD AMEX

Amount Due is \$35.00 Amount Paid: \$ _____

Card Number: _____ Expiration Date: _____ Security Code: _____

Card Holder's Name: _____

Card Holder's Address: _____

Card Holder's City: _____ State: _____ Country: _____ Zip: _____

Card Holder's Home Phone: _____ Cell Phone: _____ Work Phone: _____

Card Holder's Fax: _____ E-Mail Address: _____

Card Holder's Signature: _____

INSTRUCTIONS:

1. Mail this form and payment of \$35.00 to:
Paso Fino Horse Association; 4047 Iron Works Parkway, Suite 1; Lexington, KY 40511