

Paso Fino Horse Association, Incorporated

4067 Iron Works Parkway, Lexington, KY 40511 (859) 689-3700 FAX (859) 689-3702 www.pfha.org

MICROCHIP ORDER FORM

HORSE BEING MICROCHIPPED	<u>:</u>			
Horse's Registered Name:		PFHA	_ PFHA Registration Number:	
RECORDED OWNER OF THE HO	DRSE:			
Last Name:	First Name:	Middle Initial	PFHA MEMBI	ERSHIP NUMBER:
Address:				
City:	State:	Country:		Zip:
		Work Phone:		
Fax:				
SHIPPING ADDRESS (If differen	t than above):			
Last Name:		Middle Initial	PFHA MEMBI	ERSHIP NUMBER:
Address:				
City:	State:	Country:		Zip:
	Cell Phone: Work Phone:			
Fax:				
METHOD OF PAYMENT: (Do Not see		Order Payable to PFHA	UISA M	ASTERCARD AMEX
	Expiration Date: Security Code:			
Card Holder's Name:			0000000000000000000000000000000000	<u> </u>
Card Holder's Address:				_
Card Holder's City:			Country:	7in·
Card Holder's Home Phone:				
Card Holder's Fax:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·
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Card Holder's Signature:				_

INSTRUCTIONS:

1. Mail this form and payment of \$15.00 to:

Paso Fino Horse Association; 4067 Iron Works Parkway, Lexington, KY 40511