

HOLSTEINER VERBAND
NORTH AMERICAN BREEDING DISTRICT

Request for Name Change

Registered Name of Horse _____

Registration No. _____

Name of Owner(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ email: _____

Requested Name Change _____

Signature of Owner(s): _____

Date: _____

*If this horse has been microchipped, please provide the number so we may record it on the registration papers and in the horse's permanent data file. **Microchip #** _____*

The fee for the name change will be 100 €. The original registration papers/passport must be sent to the office for correction.