



Hoosier Horsemen's Association

Off: 317-781-4017
 Fax: 317-769-4187
 www.hoosierhorsemen.com

WEANLING PLAN

APPLICATION FOR NEW OR TRANSFERRED COVERAGE REGISTERED EQUINES

Customer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) ____ - ____

Work Telephone: (____) ____ - ____

E-Mail Address: _____

ALL INFORMATION MUST BE COMPLETED FOR EACH HORSE BEFORE APPLICATION WILL BE PROCESSED

Stallion & Dam Reg Names	Reg#	Breed	Foal's Name	Foal Date	Sex	Registered Owners Name

Have you been cancelled or denied mortality coverage on your horse(s) at any time? No Yes

Foal's Name: _____ Mortality Coverage Requested: \$1,000 _____ \$2,000 _____ \$2,500 _____

Is foal HYPP positive or has the possibility of being HYPP positive? Yes No

Is this horse presently covered by any other type of mortality coverage? No Yes Providers Name _____

How often has this foal been wormed? _____ Date of last vaccinations ____/____/____ Coverage Amount \$ _____

Is this foal in excellent health and without injury? Yes No If No, Explain _____

Has this foal been treated by a veterinarian in the last 60 days for other than routine care? No Yes If Yes, Explain _____

Benefit Coverage	Annual Membership Dues	Transfer Fees	Death ** Assessment Fees
\$1,000	\$ 75.00	\$25.00	\$3.75
\$2,000	\$ 75.00	\$25.00	\$4.75
\$2,500	\$100.00	\$25.00	\$6.00

**Death Assessments Fees are assessed each time a member horse dies

Death Assessments are billed Bi-Monthly

(January, March, May, July, September, and November)

Application Instructions

- All information shown on application must match the Breeders Certificate and the registration papers.
- A Copy of the breeders's Certificate and Dam's registration papers must be attached to the application form.
- Color photo(s) of the weanling showing all markings must be attached to the application.
- The application form must be signed and dated.
- Enclose a check or money order for the total amount of membership and /or transfer fees.

6. MAIL APPLICATION TO:

**HOOSIER HORSEMEN'S ASSOCIATION
 P. O. BOX 313
 ZIONSVILLE, INDIANA 46077**

I, the undersigned, hereby certify that I have read all the Bylaws/Rules/Regulations and shall abide by all. I further understand that the Hoosier Horsemen's Association is not an insurance company, but rather, a mutual membership benefit association. The answers to all questions are absolutely true, correct and complete.

Dated _____, ____ at _____ City _____ St. _____

Customer's Signature _____
 or
 (parent or guardian's signature if customer is a minor)

Benefit Coverage	Membership or Transfer Fee

* If transferring a horse's HHA membership only include the transfer fee.