

PENNSYLVANIA
QUARTER
HORSE
ASSOCIATION

Quality Improvement Program

Owner's Name: _____

Street: _____

City _____ State _____ Zip _____

Phone: _____ E-Mail: _____

Designated Weanling:

Name: (use "unnamed" if papers are pending) _____

Sire: _____

Dam: _____

Please note: A copy of registration papers or breeder's certificate **MUST** be included with this form. Stallion owners have until December 31st to designate the weanling they wish to have included in the QIP program. NO designations will be accepted after December 31, of the foal's weanling year.

Send to:

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Howard, PA 16841
814-933-2757
Honeydfarm8@gmail.com