



ASHDA Authorized Agent Termination Agreement
P.O. Box 555, Brookneal, VA 24528 ashdaregistry@gmail.com

This form must be properly completed with all required signatures and submitted to the ASHDA office for purposes of terminating an existing Authorized Agent on file with ASHDA.

Horse's Name: _____ Registration #: _____

The Authorized Agent Agreement on file with the ASHDA will be terminated effective:

Month: _____ Day: _____ Year: _____

Printed Name of Authorized Agent: _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Printed Name of Owner: _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Signature of Recorded Owner: _____

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC. Subscribed to and sworn to before me this _____ day of _____, 20__.

Notary Public signature

X _____

(Notary's Seal)

My commission expires _____