



Service Horse Application

Name: _____

WHOA Number: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Horse's Name: _____

Breed: _____ Foal Date: _____

Color: _____ Markings: _____

Horse's Prior Training History: _____

(Additional space on back of form if needed.)

Is this a registered Tennessee Walking Horse? (*circle one*) YES NO

If YES - Registration Number: _____

If NO - Please include a one-time administrative fee of \$40.00

Payment (*circle one*) - VISA MASTERCARD CHECK MONEY ORDER CASH

Credit Card Number: _____

Expiration Date: _____

Signature: _____ Date: _____

Walking Horse Owners' Association
(615)494-8822 • www.walkinghorseowners.com

Send Completed Application To:
WHOA Service Horse Program
P.O. Box 4007
Murfreesboro TN 37129