

# WESTERN DRESSAGE ASSOCIATION®

OF AMERICA

## HORSE LIFETIME POINTS & AWARDS PROGRAM *Horse Transfer of Ownership Form*

*The WDAA Horse Lifetime Points & Awards Program tracks points achieved by a horse with their riding partner throughout their Western Dressage career. This award is open to all horses, ponies and mules regardless of any breed registration, type, age, etc. All points follow the Horse and continue to accumulate with score submission for the duration of its life provided appropriate Transfer of Ownership is recorded with the WDAA.*

**To transfer the Horse, complete form in its entirety and submit it with the \$25 Transfer of Ownership fee. The WDAA retains the right of final approval for all Horse Transfer of Ownership for WDAA records and programs.**

Horse's Name: \_\_\_\_\_ WDAA Horse #: \_\_\_\_\_

*As the Seller of the Horse I certify that I have transferred ownership of the Horse with the name and WDAA Lifetime Recording Number listed above to the New Owner listed below. By submitting this Horse Transfer of Ownership, I am aware and understand that all points currently attributed to this horse transfer to the New Owner who will be the recipient of all awards subsequently earned by the Horse until completion of a program or another Transfer of Ownership.*

Seller's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Seller's Name: \_\_\_\_\_ WDAA Member No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*As the New Owner of the Horse, I confirm that I am a WDAA member in good standing. I also attest that I have taken ownership of the Horse with the name and WDAA Lifetime Recording Number listed above. I am aware and understand that for the Horse to continue with participation in the WDAA Horse Lifetime Points & Awards Program, I will be responsible for this and all other future compliance forms and fees until completion of a program or another Transfer of Ownership.*

New Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Owner's Name: \_\_\_\_\_ WDAA Member No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



Submit to: **WESTERN DRESSAGE ASSOCIATION® of AMERICA**  
c/o Ellen DiBella, PO Box 2349, Parker, Colorado 80134

For WDAA Office Use Only: Date Received \_\_\_\_\_ Check Number \_\_\_\_\_ Check Total \_\_\_\_\_ Entered By \_\_\_\_\_