



**International Gypsy Equine Association aka IGEA Registry**  
204 Longview Drive  
Jeffersonville, IN 47130

**Transfer Of Ownership Form**

Horse Name: \_\_\_\_\_ Date Of Sale/Transfer \_\_\_\_/\_\_\_\_/\_\_\_\_  
Registration # \_\_\_\_\_ Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Stallion \_\_\_\_\_ Mare \_\_\_\_\_ Gelding \_\_\_\_\_ Spayed Mare \_\_\_\_\_ Color/Pattern \_\_\_\_\_  
Owners Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Membership # \_\_\_\_\_  
Email: \_\_\_\_\_

Co-Owners Name (if any) \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Membership # \_\_\_\_\_  
Email: \_\_\_\_\_

**I (We) Certify with our signature(s) below that the above-named Equine was transferred to the new owner(s) listed on this form. Signature(s) below grant permission to IGEA Registry to transfer ownership of this Equine to the new owner(s) named below.**

Owner's Signature

Date

Co-Owner's Signature (if any)

Date

New Owner's Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Membership # \_\_\_\_\_  
Email \_\_\_\_\_

New Co-Owner's Name (if any) \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Membership # \_\_\_\_\_  
Email \_\_\_\_\_ Date Of Transfer \_\_\_\_/\_\_\_\_/\_\_\_\_

[www.internationalgypsyequineassociation.com](http://www.internationalgypsyequineassociation.com) [www.minigypsyhorse.com](http://www.minigypsyhorse.com) [www.igearregistry.com](http://www.igearregistry.com)

If you would like to update any information, such as add photo, update photo, updated Color info. , Stallion to Gelding, Mare to Spayed Mare, Height...please send that information along with this completed form. Photos can be emailed to the IGEA Office with Equine's name and Owner's Name. Checks or USPS Money Orders must be made payable to : IGEA REGISTRY, OUTSIDE OF US PAYPAL ONLY

**MUST mail ORIGINAL IGEA Registration Certificate and this completed Transfer Form and fee .**

Transfer for Members within 60 days \$20.00, Members over 60 days Members\$40.00. Transfer for Non-Members within 60 days \$40.00, Non-Members over 60 days \$80.00. If you have any questions please feel welcome to contact the IGEA Office IGEA Registry Office address as listed above. Phone: 502-414-4432 Monday through Friday 11 am to 5 pm PayPal accepted to: [igearregistry@gmail.com](mailto:igearregistry@gmail.com)