



APPLICATION FOR REGISTRATION OF FOAL CONCEIVED BY ARTIFICIAL INSEMINATION

I hereby submit the following animal for registry. (Please use ink)

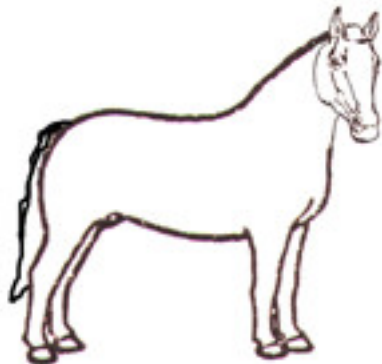
_____ (Name) _____ (Sex) _____ (Date Foaled)

Circle the selections that apply:

Skin color: Pink Dark Coat color: Light Cream Medium Cream Dark Cream Other _____

Eye color: Amber Hazel Dark Mane & Tail color: White Light

Breeder: _____ Address: _____



Face Markings: _____

Leg Markings: _____

Indicate white markings on the horse to be registered, but be sure to give a written description in the space provided.

I. Owner of the stallion from which semen is collected will fill in the following and present this application with the Certificate of Registration on the Sire for comparison by the attending Veterinarian.

_____	Sire	_____	_____
_____	Reg. No.	_____	Color
_____	Sire	_____	_____
_____	Reg. No.	_____	Color
_____	Dam	_____	_____
_____	Reg. No.	_____	Color
_____	Sire	_____	_____
_____	Reg. No.	_____	Color
_____	Dam	_____	_____
_____	Reg. No.	_____	Color

This form is to be completed at the time the semen is collected and forwarded with semen shipment completion by the veterinarian performing the artificial insemination

I hereby certify the above information is identical to the information found on the Certificate of Registration which I have today examined and that the markings of the animal from which I collected semen correspond with the information on Certificate of Registration No. _____

Registered Name _____

Owned by _____
(Name and address of owner of stallion from which semen was collected)

_____ (Date) _____ (Signature, Name and Address of Veterinarian collecting the semen) _____ (License #)

II. Owner of the female which is being inseminated will fill in the following and present the Application with the Certificate of Registration on the female for comparison by the attending veterinarian.

		Sire
		Reg. No. Color
Sire	Reg. No. Color	Dam
Reg. No. Color	Reg. No. Color	Sire
Dam	Reg. No. Color	Dam
Reg. No. Color	Reg. No. Color	Sire
Sire	Reg. No. Color	Dam
Reg. No. Color	Reg. No. Color	Sire
Dam	Reg. No. Color	Dam
Reg. No. Color	Reg. No. Color	Sire

I certify that the above information is identical to the information found on the Certificate of Registration which I have today examined and that the markings of the animal from which I performed Artificial Insemination correspond with the information on Certificate of Registration No. _____

Registered Name _____

Owned by _____
 (Name and address of owner of female inseminated)

 (Date) (Signature, name and address of veterinarian performing insemination) (License #)

III. I hereby certify the above information is correct to the best of my knowledge and belief.

Dated in the City of _____ State of _____ This _____ day of _____ 20__

 (Signature of owner of animal for which registration is requested)

 (Name and address of owner of animal for which registration is requested)

Mail check with applicable fees to:

ACDHA
193 Crossover Road
Bennington, VT 05201

Applicable Fees		
	Up to one (1) year	Over one (1) year
Members:	\$25	\$50
Non-Members:	\$40	\$80