



**FORM FOR REPORTING  
THE CASTRATION OF A REGISTERED HORSE**

The following horse has been castrated and his Certificate of Registration is enclosed.  
Please issue at no charge a new certificate showing him as a gelding.

NAME OF HORSE: \_\_\_\_\_

REGISTRATION NUMBER: \_\_\_\_\_

COLOR & MARKINGS: \_\_\_\_\_

DATE OF CASTRATION: \_\_\_\_\_

**SIGNATURE OF RECORDED OWNER(S):**

\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

**BE SURE TO ATTACH CERTIFICATE!!**

\_\_\_\_\_

**VETERINARIAN'S STATEMENT**

I, \_\_\_\_\_, do hereby certify that on the date shown I castrated the  
Peruvian Paso male identified above - removing both testicles.

Signature of Veterinarian: \_\_\_\_\_