



**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: _____