

**APPLICATION FOR REGISTRATION  
OF FOAL CONCEIVED BY ARTIFICIAL INSEMINATION**

Return to: [acdhasecretary@gmail.com](mailto:acdhasecretary@gmail.com)

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

**Sec. I Foal Information**

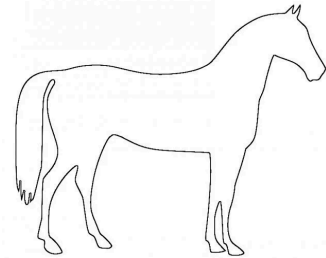
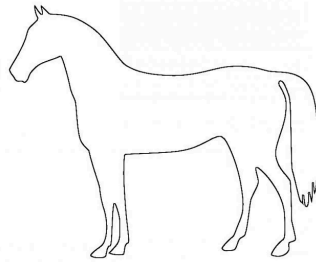
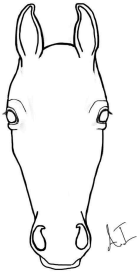
\_\_\_\_\_  
(Requested Registered Foal Name) (Sex) S/M/G (Date Foaled)

Circle the section that apply:

Skin Color:    Pink    Dark            Coat Color:    Light Cream    Medium Cream    Dark Cream    Other

Eye Color:    Amber    Hazel    Dark            Main & Tail Color:    White    Light

Face Markings: \_\_\_\_\_ Leg Markings: \_\_\_\_\_



\_\_\_\_\_  
(Breeder Name) (Address)

\_\_\_\_\_  
(Phone #) (Email Address)

**Section II Stallion Information**

Owner of the stallion from which the semen is collected to fertilize the female listed in Section III will fill in the following and present the Application with the Certificate of Registration on the Sire for comparison by the attending veterinarian or Reproduction Specialist. This form will accompany semen shipped.

\_\_\_\_\_  
Sire

\_\_\_\_\_  
Reg #                      Color

ACDHA File    Unknown    Attached  
DNA (Circle one)

\_\_\_\_\_  
Sire

\_\_\_\_\_  
Reg #                      Color

\_\_\_\_\_  
Dam

\_\_\_\_\_  
Reg #                      Color

I hereby certify the above information is true and correct 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 corresponds with the information on Certificate of Registration No. \_\_\_\_\_.

Registered Name: \_\_\_\_\_

Owned By: \_\_\_\_\_  
(Name of owner of stallion from which semen was collected)

\_\_\_\_\_  
(Date) (Signature, Name & Address of Veterinarian or Reproduction Specialist collecting semen) (License #)



**III. Mare Information**

Owner of the mare 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 or Reproduction Specialist.

\_\_\_\_\_

Dam

\_\_\_\_\_

Reg #                      Color

\_\_\_\_\_

ACDHA File    Unknown    Attached

DNA (Circle one)

\_\_\_\_\_

Sire

\_\_\_\_\_

Reg #                      Color

\_\_\_\_\_

Dam

\_\_\_\_\_

Reg #                      Color

I hereby certify the above information is true and correct 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 corresponds with the information on Certificate of Registration No. \_\_\_\_\_.

Registered Name: \_\_\_\_\_

Owned By: \_\_\_\_\_  
(Name of owner of mare inseminated)

\_\_\_\_\_  
(Date)                      (Signature, Name & Address of Veterinarian or Reproduction Specialist performing insemination)    (License #)

**IV. Owner Information**

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)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Email Address)

# American Cream Draft Horse Association

## Application for Registration of Foal Conceived by Artificial Insemination

### Form Completion Instructions



Please complete all forms in ink or digitally for submission.

The Application for Registration of Foal Conceived by Artificial Insemination form is required when the foal is conceived by Artificial Insemination and will accompany the Application for Full Registration. The form is to be completed and submitted by the owner of the horse registration is requested as well as the stallion owner from which the semen was collected. It will also be signed by the veterinarian or reproduction specialist collecting the stallion and the veterinarian or reproduction specialist inseminating the mare. This form should be returned to the American Cream Draft Horse Association Secretary by email to: [acdhasecretary@gmail.com](mailto:acdhasecretary@gmail.com)

#### Section I

#### Foal Information

- Horse Name - The **requested** registered name for the horse. Should the requested name not be available **or deemed to be inappropriate by Association standards the applicant will be requested to submit an alternative name for registration.**
- Sex - Indicate Mare / Gelding / Stallion
- Foaling Date - Indicate the Date of birth of the requested horse to be registered
- Skin Color - Indicate by circling the skin color of the horse to be registered
- Coat Color - Indicate by circling the coat color of the horse to be registered
- Eye Color - Indicate by circling the eye color of the horse to be registered
- Mane & Tail - Indicate by circling the Mane & Tale color of the horse to be registered
- Image - Indicate by drawing on the image any white markings on the horse to be registered. Written description should be included in the Facial Markings and Leg Markings spaces.
- Breeder Information - Name, Address, Phone Number and Email address of the breeder.

#### Section II

- **Stallion Information** (To be completed by the stallion owner and collecting veterinarian or Reproduction specialist.)

- Linage - Indicate in the spaces provided Sire information back 2 generations.
- Parentage DNA - Indicate if the Sire DNA is on file with the ACDHA or maintained by the stallion owner. If maintained by the stallion owner and NOT on file with the ACDHA parentage results must be attached.
- Certification - The Stallion section of the Application for Registration of Foal Conceived by Artificial Insemination must include the ACDHA Registration number, Registration Name and Owner Name. It also must be certified and signed by the stallion owner as well as the collecting Veterinarian or Reproduction Specialist.

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**Application for Registration of Foal Conceived by Artificial Insemination**  
**Form Completion Instructions**

**Section III**                      **Mare Information** (To be completed by the mare owner and inseminating veterinarian or Reproduction specialist.)

- Linage                      -        Indicate in the spaces provided Dam information back 2 generations.
- Parentage DNA           -        Indicate if the Mare DNA is on file with the ACDHA or maintained by the mare owner. If maintained by the mare owner and NOT on file with the ACDHA parentage results must be attached.
- Certification            -        The Mare section of the Application for Registration of Foal Conceived by Artificial Insemination must include the ACDHA Registration number, Registration Name and Owner Name. It also must be certified and signed by the mare owner as well as the inseminating Veterinarian or Reproduction Specialist.

**Section IV**                      **Owner Information** (To be completed by the owner requesting registration)

- Owner Certification    -        Indicate the Owner name of the horse registration is requested as well as all information and signature.

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**Application Packet Checklist**

- Completed Application for Registration of Foal Conceived by Artificial Insemination.
- Markings drawn on figure
- DNA Report(s):
  - Parentage Stallion \_\_\_\_\_
  - Parentage Mare \_\_\_\_\_
- All required signatures
  - Stallion Owner
  - Semen Collecting Veterinarian or Reproduction Specialist
  - Mare Owner
  - Inseminating Veterinarian or Reproduction Specialist
  - Owner of foal for which registration is requested