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: ___________________________

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

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 #)

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Fees submitted with Application for Registrations which do not result in Certificates of Registrations remain the property of the Association and will not be returned.
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.

<table>
<thead>
<tr>
<th>Sire</th>
<th>Reg. No.</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reg. No.</td>
<td>Color</td>
<td></td>
</tr>
<tr>
<td>Dam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reg. No.</td>
<td>Color</td>
<td></td>
</tr>
<tr>
<td>Dam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reg. No.</td>
<td>Color</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Applicable Fees</th>
<th>Up to one (1) year</th>
<th>Over one (1) year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members:</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>Non-Members:</td>
<td>$40</td>
<td>$80</td>
</tr>
</tbody>
</table>