



Irish Draught Horse Society
of North America, Inc.

Certificate of Castration

Name of Horse: _____

IDHSNA Reg #: _____ Age: _____

Color/Markings: _____

OWNER'S STATEMENT

I, _____ *(please print)*

do hereby certify that on the date shown:

- ❖ Both testicles, associated structure and a length of the adjoining spermatic cord from the above animal, or
- ❖ I have done an external examination of the above animal and I hereby certify that to the best of my knowledge he has been properly castrated and is no longer entire.

Printed
Name: _____

Date: _____

Address: _____

Signature
of Owner: _____



Irish Draught Horse Society
of North America, Inc.

Certificate of Castration *(con't)*

This horse has been castrated and his Recordation Papers are enclosed with this form.

Please issue at no charge new Recordation Papers showing him as a gelding.

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

Remember to send your horse's papers!

Mail to:

IDHS(NA) Registration Office
4037 Iron Works Parkway, #160
Lexington, KY 40511

Please direct questions about
Procedures to the IDHSNA Member
Services Office at:

859-455-8090 / email: IDHSNA@hotmail.com