Certificate of Castration



IDHSNA Reg #:	Date of Birth:
Owners Statement:	
I,certify that on the date shown:	(please print) do hereby
□ Both testicles, associated structure and a length of the adjoining spermatic cord have been removed from the above animal, or	
□ I have done an external examination of the that to the best of my knowledge he has b longer entire.	
Printed Name:	
Date:	
Address:	
Signature of Owner:	

ENCLOSE the Registration book for this horse.

A new registration book showing the horse as a gelding will be sent to you at the address above.

Return this Form and Registration Book to:

IDHSNA 4617 Store Lane Stevensville, MT 59870

Name of Horse:

Direct any questions to: Lucy Stevenson at 406-540-2199 or IDHSNA@hotmail.com