



DCBOA

Horse Registration

Instructions:

Please complete this form and return to: **DCBOA**
PO Box 543
Fishers, IN 46038

- Please type or print in dark ink.
- If you do not have any of the information requested, please write “unknown” in the blank.
- Allow 6 weeks for processing.
- Please remember to sign and date the bottom of this application.
- Fees are non-refundable
- If your horse is less than 1/4 Draft, please include a pedigree that traces back to it's draft ancestry.
- Please include 4 color picture of your horse (each side, front and back). Include additional photo's of any distinguishing marks that may not be visible in the standard photos (ie belly spots) Photos become the property of the Draft Cross Breeders & Owners Association and will not be returned.

If Paying with Check or Money Order:

Please send check or money order payable to DCBOA with completed form.
Please do not send cash.

If Paying with Credit Card:

If you wish to pay by credit card you may do so on line at: www.dcboa.com
This payment is through Pay Pal.

Please be aware that your Registration with The Draft Cross Breeders & Owners Association will not be finalized until we receive this form with your signature and payment.

Registration Details

Registration Fees are \$65/horse for current members of the Draft Horse Breeders & Owners Association. \$75/horse for non-members. US Funds only.

Registration is good for the life of the horse

The Draft Cross Breeders & Owners Association reserves the right to deny any name it deems inappropriate.



DCBOA

Horse Registration

Owner of Horse _____

DCBOA Membership Number (if applicable) _____

Street Address _____ City _____ State ____ Zip _____

Apartment/Suite Number _____ Contact Phone Number _____

Email Address _____ Farm Name _____

Date of Purchase (if not Breeder) _____ Referred By _____

Breeder of Horse (for purposes of registration, the breeder of the horse will be the owner or leasor of the horse's dam at the time of birth)

Name _____

Street Address _____ City _____ State ____ Zip _____

Apartment/Suite Number _____ Contact Phone Number _____

Email Address _____ Farm Name _____

Requested Registered Name (Names may not exceed 30 characters and spaces)

first choice _____ second choice _____

Horse's current name _____ Date of Birth (month/day/year) _____

Place of Birth (please include name of farm, city, state or Province, and country)

Description

Color _____ Height _____ Sex: Mare ____ Stallion ____ Gelding ____

Please give a detailed description of any color markings, swirls, scars or other identifying characteristics including brands and tattoos. Please state if horse has no markings.



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Horse Registration

Horse to be Registered is: Draft Cross Full Draft Breed Stock

Sire Information

Sire _____ Sire's Breed _____ Sire's Date of Birth _____

Sire By _____ Breed _____

Sire Out of _____ Breed _____

Dam Information

Dam _____ Dam's Breed _____ Dam's Date of Birth _____

Dam By _____ Breed _____

Dam Out of _____ Breed _____

I certify that I am the legal owner, or authorized agent thereof, and that the information on this application is correct to the best of my knowledge.

The Draft Cross Breeders & Owners Association disclaims any and all responsibility errors or omissions that may occur in the processing of this registration. If your Certificate of Registration contains errors, please bring it to our attention immediately. If the error is due to mistakes in processing, and the Certificate of Registration is returned to us within 60 days of owner's receipt, it will be corrected at no cost to the owner. If the error is due to a mistake on the owners part, the Certificate of Registration must be returned to the Draft Cross Breeders & Owners Association, and a corrected Certificate of Registration will be issued upon owner's payment of a \$20 reprocessing fee.

I agree to the above.

Applicant's Signature _____ Date _____

Print Name _____