



Irish Draught Horse Society
of North America

Certificate of Castration

Name of Horse: _____

IDHSNA Reg #: _____ Date of Birth: _____

Owners Statement:

I, _____ (please print) do hereby
certify that on the date shown:

- ☐ 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 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: _____

ENCLOSE the Registration book for this horse.

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

Return this Form and Registration Book to:
Allison DeLong, IDHSNA Registrar
PO Box 446
Bunnlevel, NC 28323

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