



APPLICATION FOR FULL REGISTRATION

American Cream Draft Horse Association

Return to:

acdhasecretary@gmail.com

Horse Name _____ Sex _____ Foaling Date _____

Owner _____ ACDHA # _____ Address _____

Breeder _____ ACDHA # _____ Address _____

Coat Color: Light Cream Medium Cream Dark Cream Other _____ **Skin Color:** Pink Dark

Eye Color: Amber Hazel Dark **Mane & Tail:** White Light Other _____ **Microchip #:** _____

JEB Status: Both parents N/N _____ (no test req); Unkn or parent N/J _____ (test results must be submitted)

PSSM Status (optional): _____ (list on registration? Y/N)

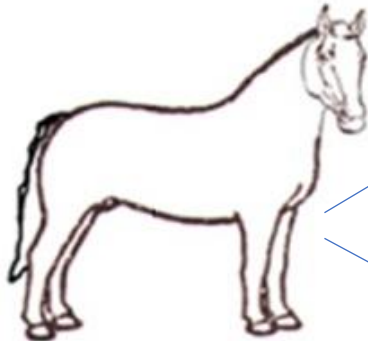
Color Status (optional): Ch _____ Cr _____ (list on registration? Y/N)

DNA Parentage Profile: Association _____ Owner _____

Live Cover: _____
Artificial Insemination: _____ (additional form required)
Embryo Transfer: _____ (additional form required)

Facial Markings: _____

Leg Markings: _____



Indicate white markings (facial and legs) on horse, also be sure to provide description in spaces provided above.

Photos required for registration:

1. Full front view
2. Full right view
3. Full left view
4. Under tail (to verify skin color)
5. Face (facial markings)

MUST be submitted with application – prefer digital format (email or text).

(must have sire/dam)

Sire:
Color _____ No. _____

SIRE:
Color _____ No. _____

Dam:
Color _____ No. _____

Sire:
Color _____ No. _____

DAM:
Color _____ No. _____

Dam:
Color _____ No. _____

Application Fees

	Up to 1 yr	Over 1 yr
Members:	\$25	\$50
Non-members:	\$40	\$80

I hereby certify the above information is true and correct to the best of my knowledge and belief.

Dated in _____, State of _____, on this _____ day of _____ 20_____.

Signed _____

(Stallion owner at time of dam service)

Address _____

Signed _____

(Owner registering animal)

Address _____

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.

American Cream Draft Horse Association

Application for Tracking Registration

Form Completion Instructions



Please complete all forms in ink or digitally for submission.

The Application for Tracking Registration form is required for the original registered ownership of a Tracking American Cream Draft Horse. The form is to be completed and submitted by the owner of the horse registration is requested. This form should be returned to the American Cream Draft Horse Association Secretary by email to: acdhasecretary@gmail.com

- | | | |
|-----------------|---|--|
| Horse Name | - | The requested registered name for the horse. Should the requested name not be available or deemed to be inappropriate by Association standards the applicant will be requested to submit an alternative name for registration. |
| Sex | - | Indicate Mare / Gelding / Stallion [(M) (G) (S)] |
| Foaling Date | - | Indicate the Date of birth of the requested horse to be registered |
| Owner | - | Indicate the Owner name of the horse for which registration is requested. |
| ACDHA# | - | Indicate the ACDHA Membership number of the owner |
| Address | - | Indicate the address of the Owner |
| Breeder | - | Indicate the breeder name of the horse registration is requested |
| ACDHA# | - | Indicate the ACDHA Membership number of the breeder |
| Address | - | Indicate the address of the Breeder |
| Foundation Bred | - | Cream to Cream breeding that resulting foal does not meet Breed Specifications. |
| Appendix Bred | - | Cream to approved Draft Outcross breeding. |
| Found Cream | - | Cream that has required breed characteristics and accompanying DNA testing |
| Coat Color | - | Indicate by circling the coat color of the horse to be registered |
| Skin Color | - | Indicate by circling the skin color of the horse to be registered |
| Eye Color | - | Indicate by circling the eye color of the horse to be registered |
| Mane & Tail | - | Indicate by circling the Mane & Tale color of the horse to be registered |
| Microchip # | - | Indicate Microchip number if applicable |
| JEB Status | - | Indicate if N/N by parentage in which no test is required. If parentage is unknown or if JEB status of either Stallion or Mare is unknown JEB test/test results is required Test results must be submitted with application. |
| PSSM Status | - | Indicate if PSSM 1 genetic testing has been conducted and result. Also indicate if PSSM status is to be listed on registration paperwork |
| Color Status | - | Indicate if Color genetic testing has been conducted and result. Also indicate if Color status is to be listed on registration paperwork. |
| DNA Profile | - | Indicate if DNA Parentage Profile is on file with the ACDHA or if it is on file with the owner. DNA profile must accompany Application for Registration. |
| Live Cover | - | Indicate if the horse to be registered was the product of Live Cover, Artificial Insemination or Embryo Transfer. If AI or ET was used the Application for Registration of Foal Conceived by Artificial Insemination form or the Application for Registration of Foal Conceived by Embryo Transfer form must accompany this Application for Full Registration. |

American Cream Draft Horse Association
Application for Tracking Registration
Form Completion Instructions

- Image - Indicate by drawing on the image any white markings on the horse to be registered. Written description should be included in the Facial Markings and Leg Markings spaces.
- Lineage - Indicate in the spaces provided Sire, Dam information back 2 generations.
- Photos - High resolution digital photos are preferred. Photos **must** be submitted with this Application for Tracking Registration. Full front view, Full right view, Full left View, Under tail, Face
- Type of Tracking - Check applicable: Foundation, Appendix, or Found.
- Certification - The Application for Tracking Registration must be certified and signed by the applicant/owner. The Application for Tracking Registration must also be signed by the Stallion owner at time of service or collection.
- Payment - Payment for the Registration must accompany this Application for Registration form and made payable to the American Cream Draft Horse Association. Electronic payments can be coordinated through the ACDHA Secretary.

Application Packet Checklist

- Completed Application for Registration
- If conceived by AI, Application for Registration of Foal Conceived by Artificial Insemination
- If conceived by ET, Application for Registration of Foal Conceived by Embryo Transfer
- DNA Report(s): Check which DNA Testing Reports are included
 - Parentage (Required)
 - JEB (Required If not negative by parentage)
 - PSSM1 (Optional If not negative by parentage)
 - Color (Optional but encouraged)
 - Other as submitted by Owner _____
- Photos: Full Front, Full Right, Full Left, Under Tail, Face
- Markings drawn on figure
- Type of Tracking
 - Foundation (Cream to Cream) Appendix Cream to Other Outcross Draft Found Cream
- Application Fee - Check which amount is applicable and included
 - Under 1 year of age - Member: \$25.00
 - Over 1 year of age - Member: \$50.00
 - Under 1 year of age - Non-Member: \$40.00
 - Over 1 year of age - Non-Member: \$80.00
- All required signatures (Found Cream Application breeder signatures may not be available)