



American Draft Cross Registry

PO Box 3313, Glen Rose, TX 76043

CHANGES &/or CORRECTIONS form

We will gladly correct any clerical errors on our part within 30 days of the original issue date.

The original papers must be mailed in with your payment.

If you do not have the original papers, duplication will be denoted on the replacement papers.

Please do NOT use this form for transfer of ownership.

Date of request: _____

Owner name _____

Membership # _____ ck if pending _____

Horse's current name: _____ Registration # _____

ONLY FILL OUT NUMBERS THAT APPLY TO THE CHANGES/ CORRECTIONS FOR YOUR HORSE

1. New Name: _____
2. Color change: _____
3. Markings change: _____
3. Stallion Gelding Mare (circle one) **Gelded** date ___/___/___ **Spayed** date ___/___/___
4. Foaling Date: _____ State/ country foaled: _____
5. This foal is the result of: EMBRYO TRANSFER SHIPPED SEMEN (circle if either applies)
6. Add DNA type # _____ Please also include a copy of the report if it was not done through our office.
7. Add brand or tattoo _____ Email Photo to DraftCrossRegistry@gmail.com
8. Add color photos to registration papers: ___ Email photos to: DraftCrossRegistry@gmail.com
9. Sire: Name _____ REG# _____ Association _____
10. Dam: Name _____ REG# _____ Association _____
11. DNA type my horse and add the case # to the certificate (+\$60): _____
12. Send additional DNA kits to me (\$60 each) How many? _____

Additional notes or instructions: _____

Credit card# _____ - _____ - _____ - _____ Exp. ___/___ CVC code _____

Billing address _____

Owner's signature _____

Replacement Papers With Changes (\$25) -----	\$ _____
Name change (\$25)	\$ _____
Membership renewal (Membership must be active for changes to certificates)	\$ _____
DNA kits Quantity _____ x \$60	\$ _____
Outside of US (\$15)-----	\$ _____
RUSH order (\$20) -----	\$ _____
TOTAL -----	\$ _____

PLEASE CALL OR EMAIL IF YOU HAVE ANY QUESTIONS

DraftCrossRegistry@gmail.com – 970-310-1383