



[DraftCrossRegistry.com](http://DraftCrossRegistry.com)  
ph.970-310-1383

Date of application: \_\_\_\_\_

# Registration Application

## 1. Give two name choices not to exceed 30 characters, including spaces

A. \_\_\_\_\_  
B. \_\_\_\_\_ (REQUIRED)

**~PLEASE PRINT CLEARLY THROUGHOUT THE APPLICATION ~ We are not responsible for errors due to illegible handwriting**

## 2. Color:

bay  bay roan  black  blue roan  brown  buckskin  chestnut  cremello  dun  gray  grullo  
 palomino  perlino  red dun  red roan  sorrel  white  OTHER \_\_\_\_\_

## 3. Color Pattern:

solid  overo  tobiano  tovero  sabino  spotted blanket  flaxen mane & tail  frosted mane/ tail  Robicano

## 4. Gender:

stallion  mare  gelding

## 5. Date Foaled

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

## Date Horse Was Acquired

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

## 6. State/ Country Foaled

SIRE	<input type="text"/>	Sire owner at time of breeding	<input type="text"/>
	Name (REGISTERED OR BARN NAME) reg# breed		name city/ state
DAM	<input type="text"/>	Dam owner at time of breeding	<input type="text"/>
	Name (REGISTERED OR BARN NAME) reg# breed		name city/ state

**YOU MUST include copies of sire and dam registration certificates, FRONT AND BACK, unless ADCR registered. If you cannot obtain them, you must purchase "SIRE/DAM PEDIGREE LOOKUP" option on reverse.**

**7. Owner** Name \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 Street address \_\_\_\_\_ Country \_\_\_\_\_  
 City, state/ providence \_\_\_\_\_ Postal code \_\_\_\_\_  
 Email address \_\_\_\_\_ Phone number \_\_\_\_\_

Member # \_\_\_\_\_  I am new to ADCR and do not have a member number yet

## 8. Breeder's certification

This certifies that the above sire and dam were bred in \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (year)

**\* ADCR may require a DNA test for any application that contains missing or unattainable sire/ dam signatures**

X	Signature of <b>STALLION</b> owner at the time of breeding		PRINTED NAME	phone number
X	Signature of <b>MARE</b> owner at the time of breeding		PRINTED NAME	phone number

\_\_\_\_ CHECK HERE IF BREEDER CERTIFICATION NOT APPLICABLE OR IF BOTH SIGNATURES ARE UNATTAINABLE

## 9. Fill in all that apply

foal produced by live cover..... Date of exposure \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 foal produced by embryo transfer ..... Date embryo transferred \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 foal produced by frozen embryo ..... Date of implantation \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 foal conceived by cooled/ transported semen ..... Date of Insemination \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 foal conceived by using frozen semen..... Date of Insemination \_\_\_\_ / \_\_\_\_ / \_\_\_\_

