

American Draft Cross Registry

PO Box 3313 Glen Rose, TX 76043

CHANGES &/or CORRECTIONS form

!PLEASE PRINT CLEARLY!

We will gladly correct any clerical errors on our part within 3 months of the original issue date. We will also make the appropriate change when a stallion is gelded. All other changes will be considered REPLACEMENT PAPERS: \$25. Name changes, NOT due to error, are an additional \$15 with other changes or \$25 if that is the only change to be made.

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 # _____

YOU DO **NOT** NEED TO FILL OUT THE WHOLE FORM—**ONLY** THE NUMBERS THAT APPLY TO THE CHANGES/
CORRECTIONS FOR YOUR HORSE

1. New name (additional fee applies for name changes): _____
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 _____ Include photo
8. Add color photos to registration papers(+ \$35): ____ Please 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 w/ changes (\$25) ----- | \$ _____ |
| Name change (name change only, w/ no other changes, is \$25, or +\$15 with other changes) | \$ _____ |
| Membership renewal (\$30- youth, \$40- indiv., \$55- ranch/ family) | \$ _____ |
| DNA kits quantity _____ x \$60 | \$ _____ |
| Outside of US (\$15)----- | \$ _____ |
| RUSH order (\$20) ----- | \$ _____ |
| TOTAL ----- | \$ _____ |

Applicant must be a current or pending member of ADCR. Please provide membership number or submit membership application and fee along with this form. **PLEASE CALL OR EMAIL IF YOU HAVE**

ANY QUESTIONS

DraftCrossRegistry@gmail.com