



Gypsy Cob and Drum Horse Association

www.GCDHA.com ~ GCDHA@aol.com
317-745-6746

Mail to: GCDHA Registrar
1812 10th St.
Danville, IN 46122

Office Use Only: Received: _____
Check #: _____ Amount: _____

Certificate Type Applied For: Gypsy Cob Registration Drum Horse Registration
 Part-Bred Registration Identification Certificate (Clydes/Shires/Friesians/Etc.)

1st Choice Name: _____ Country of Birth: _____

2nd Choice Name: _____ State / Province: _____

The GCDHA may assign a name, based on above choices, if those choices are in use or unable to be used, as submitted. Prefixes may only be used by the breeder of the horse (breeder defined as the owner of the mare at the time of service). Suffixes may be used by the breeder or by the owner, if the breeder is otherwise unknown. The GCDHA reserves the right to refuse any name found to be unsuitable, too similar to a name already in use, or that of a well-known individual, without that individual's express, written, permission.

Date of Birth (mm/dd/yy) ____/____/____ Sex: Stallion ____ Gelding ____ Mare ____

Is this horse registered in any other registries? _____ If yes, list other registries: _____

If this horse is registered in any other registry, list its registered name, registration number and DNA Accession No: _____

Owner's Name: _____ Bred by: _____

Note: The breeder is the owner or lessee of the dam at the time she was bred

Address: _____ Address: _____

Phone: _____ Phone: _____

E-mail: _____

If Horse was Imported, what was the import date: _____ If imported, was it inutero?: _____

Owner's name at the time of importation (include copy of import papers): _____

List microchip number and describe any notable brands or scars, include location: _____

_____ Is this horse the result of an embryo transfer: Yes: ____ No: ____

Sire's Name: _____ Breed/Registry: _____

Reg. No.: _____ DNA Accession No.: _____

Owner of Sire: _____ State/Country of Residence: _____

Dam's Name: _____ Breed/Registry: _____

Reg. No.: _____ DNA Accession No.: _____

Owner of Dam: _____ State/Country of Residence: _____



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Description:

Coat Color:

- Black Bay Brown
 Gray Chestnut Buckskin
 Grullo Palomino Cremello
 Perlino Silver Bay Silver Dapple

Coat Pattern:

- Pinto Sabino
 Solid Appaloosa
 Roan

Eye Color:

- Right Eye: Brown Blue Both
 Left Eye: Brown Blue Both

Additional Color Factors: Pearl Other: _____

Is horse homozygous for: Black Tobiano Other _____ Don't Know

Markings:

- | | | | | | |
|-----------------|--------------------------------|--------------------------------|------------------------------|----------------------------------|---------------------------------|
| Mane: | <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Red | <input type="checkbox"/> Striped | <input type="checkbox"/> Flaxen |
| Foretop: | <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Red | <input type="checkbox"/> Striped | <input type="checkbox"/> Flaxen |
| Tail: | <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Red | <input type="checkbox"/> Striped | <input type="checkbox"/> Flaxen |

Face: Check all that apply

- Star (White mark, roughly circular in shape, on forehead) Snip (White mark between nostrils)
 Strip (Narrow white marking running vertically on face) Blaze (Wide white marking running vertically on face)
 Bald Face (Very wide white marking running vertically on face and extending to, or over eyes)

Legs: Solid – No White, Stocking – White higher than half-way to the knee/hock, Sock – White at least as high as fetlock but no more than half-way to the knee/hock, Pastern – White above the coronet but not above the half-way mark of the fetlock, Coronet – White only as high as the coronet Half – any of the above that does not go completely around the leg

- | | | | | | |
|-------------|--------------------------------|-----------------------------------|-------------------------------|----------------------------------|----------------------------------|
| Left Fore: | <input type="checkbox"/> Solid | <input type="checkbox"/> Stocking | <input type="checkbox"/> Sock | <input type="checkbox"/> Pastern | <input type="checkbox"/> Coronet |
| Right Fore: | <input type="checkbox"/> Solid | <input type="checkbox"/> Stocking | <input type="checkbox"/> Sock | <input type="checkbox"/> Pastern | <input type="checkbox"/> Coronet |
| Left Rear: | <input type="checkbox"/> Solid | <input type="checkbox"/> Stocking | <input type="checkbox"/> Sock | <input type="checkbox"/> Pastern | <input type="checkbox"/> Coronet |
| Right Rear: | <input type="checkbox"/> Solid | <input type="checkbox"/> Stocking | <input type="checkbox"/> Sock | <input type="checkbox"/> Pastern | <input type="checkbox"/> Coronet |

Include 4 color photographs – 1 from each side, showing full profile, including side of head, 1 from the front, with foretop pulled to side, and 1 from the back. E-mail Digital Photos (Preferred) GCDHA@aol.com

If Horse is at least 3 years old, list current height: _____

Date height was taken: _____ Age of Horse at time of measurement: _____

Name of person taking measurement: _____

Signature of person taking measurement: _____



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Pedigree Information: Complete as many generations as known. (Copies of Sire's and/or Dam's registration papers may be submitted, in lieu of written pedigree.) Please include registration numbers and color of horses, if known.

Sire:

Reg. #

Dam:

Reg. #

Form area with multiple horizontal lines for entering pedigree information, including sire and dam details.



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If the horse being registered is a colt/stallion, at least 12 months of age, please have a veterinarian complete the following:

I have examined the colt/stallion and found:

- Bite appears to be normal with no discernable undershot jaw or parrot mouth
- Bite not normal

Explanation: _____

- Both testicles fully descended and normal for age
- Testicles are not fully descended or appear to be abnormal for age of horse

Explanation: _____

Examined by: _____

Colts less than 12 months old will be issued a temporary certificate unless accompanied by the above veterinarian report. Colts with only 1 testicle descended will be issued a limited registration certificate. In both cases, that of a limited or temporary registration, a veterinarian report stating both testicles are descended or the colt has been gelded, must be submitted by the time the horse has reached the age of 24 months. Colts with parrot mouth will only be registered if they are gelded.

Fee Schedule		Member	Non-Member	
GC or DH – Less than 12 months old or within 3 months of purchase/import	Include DNA Testing:	\$75	\$100	<p>Note: Registration Certificates will not be issued until DNA results have been received.</p> <p>Send DNA samples or a copy of an existing DNA report with the registration application to the GCDHA office.</p> <p>Geldings of Unknown Parentage are NOT required to have DNA testing performed.</p> <p>Horses who are the result of ET but who's dam does not have an ET certificate on file, will be assessed an additional ET fee, above the cost of the registration.</p>
	With a Copy of a U of K DNA Report	\$55	\$80	
GC or DH 12 months old, or older	Include DNA Testing:	\$95	\$120	
	With a Copy of a U of K DNA Report	\$75	\$100	
Geldings All Ages	Include DNA Testing:	\$65	\$90	
	With a Copy of a U of K DNA Report	\$50	\$75	
Geldings, all ages, of Unknown Parentage	No DNA Required	\$50	\$75	
Part-Breds and Identification Certificates (issued to feathered breeds for the purpose of producing Drum Horse Foals)	Include DNA Testing:	\$65	\$90	
	With a Copy of a U of K DNA Report	\$50	\$75	