

KIGER HORSE ASSOCIATION & REGISTRY



BREEDER'S CERTIFICATE

Year mare bred: _____

Dates bred: _____

Sire owner at time of service:

Name: _____

Ranch: _____

Address: _____

Phone: _____

Email: _____

Dam owner at time of service:

Name: _____

Ranch: _____

Address: _____

Phone: _____

Email: _____

This is to certify that (SIRE)

Name: _____

Reg #: _____

Freeze brand #: _____

DNA #: _____

Was bred to (DAM)

Name: _____

Reg #: _____

Freeze brand #: _____

DNA #: _____

Name of Foal: _____ Sex: Stallion ___ Mare ___ Gelding ___

Birth Date: _____ Color: Dun ___ Grulla ___ Red Dun ___ Bay ___ Claybank ___ Other ___

Distinguishing markings, if any/explain other color: _____

Any erasure or alteration of horse information or dates on this form will invalidate the Breeder's Certificate and necessitate verification. By signing this document, I hereby certify that the above information is true and correct to the best of my knowledge.

Printed Breeders Name _____

Signature of owner or authorized agent of sire at time of service Date _____

Mail this completed form to KHAR at: KHAR 777 NE 7th Street, Suite 110, Grants Pass, OR 97526
Questions? Email kigerhorse@gmail.com