

CERTIFICATE OF CASTRATION

Name of Horse: _____

AGMH #: _____ **Age:** _____

Color/Markings:

VETERINARIAN'S STATEMENT

I, _____ (please print)
do hereby certify that on the date shown:

- I have removed both testicles, associated structure and a length of the adjoining spermatic cord from the above animal, OR
- I have done an external examination of the above animal and I hereby certify that to the best of my knowledge he has been properly castrated and is no longer entire.

Signature of Veterinarian:

Date: _____

Address:

Signature of Owner:

Owner's Name (print please):

**Send Certificate of Castration and Original AGMH Certificate of Registration for updated Certificate of Registration (free of charge) to:
AGMH, P.O. Box 670, Clay City, KY 40312
(Enclose updated picture if desired --- no charge)**