

KENTUCKY MOUNTAIN SADDLE HORSE ASSOCIATION APPLICATION FOR REGISTRATION/CERTIFICATION

P. O. Box 1405 • Georgetown, KY 40324
859-225-5674 (office) • 859-252-9639 (fax) • office@kmsa.com (email)



DATE OF SERVICE _____ FOALED _____ SEX S M G HEIGHT _____

COLOR/MARKINGS _____

SIRE: _____

REG. NO: _____

OWNER: _____

ADDRESS: _____

**NAME OF ENTRY:(NAME OF ENTRY CANNOT EXCEED
TWENTY FIVE (25) CHARACTERS AND/OR SPACES)**

1ST CHOICE _____

2ND CHOICE _____

3RD CHOICE _____

DAM: _____

REG. NO: _____

OWNER: _____

ADDRESS: _____

EXAMINER SIGNATURE (1) _____

DATE: _____ APPROVED DISAPPROVED

EXAMINER SIGNATURE (2) _____

DATE: _____ APPROVED DISAPPROVED

I verify that the foal I am registering was both conceived & foaled in the state of
Kentucky _____ was _____ was not

GRAND SIRE/ REG NO

GRAND DAM/ REG NO

GRAND SIRE/ REG NO

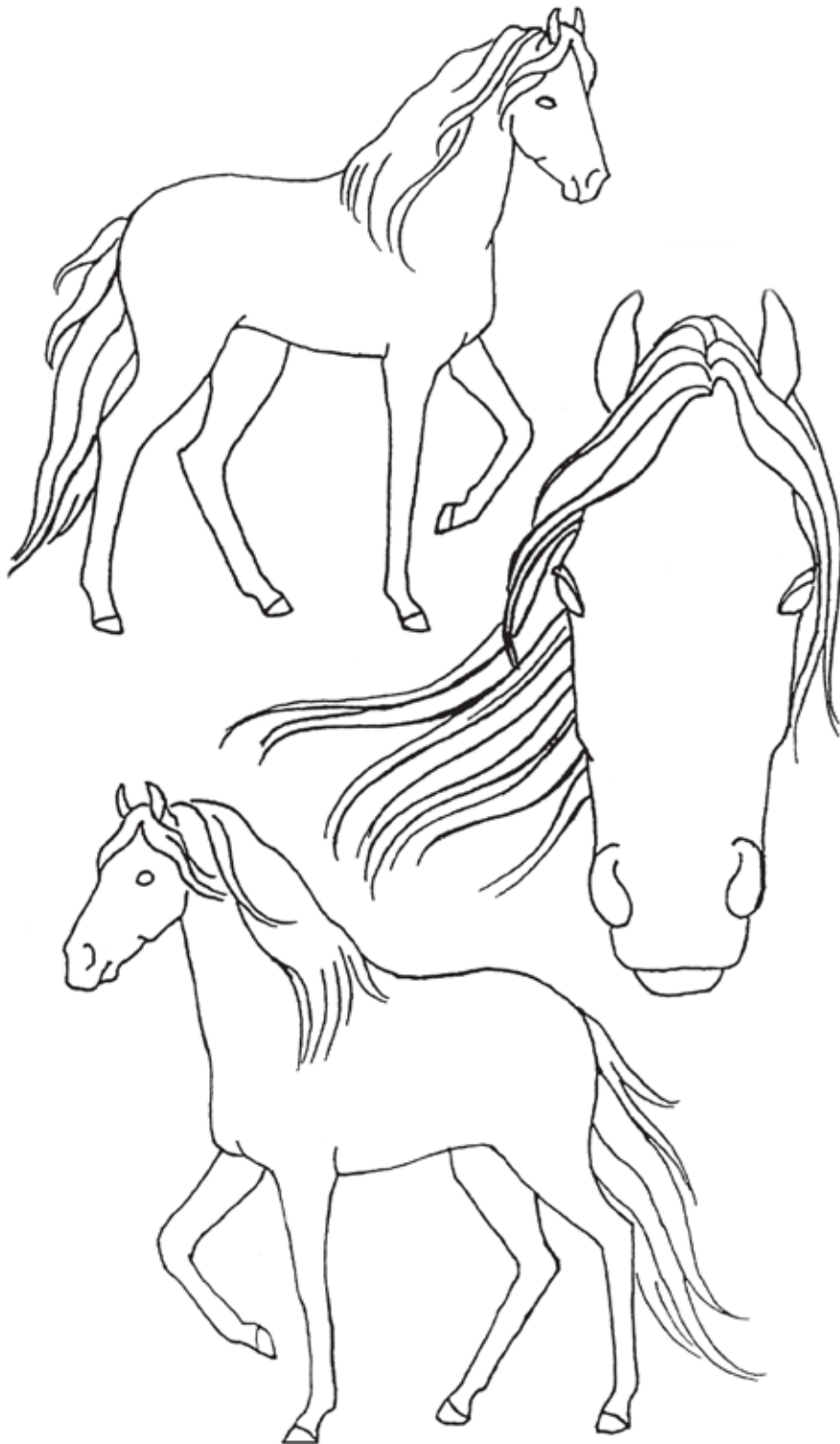
GRAND DAM/ REG NO

OWNER NAME: _____

ADDRESS: _____

PHONE: _____ MEMBER _____ NON-MEMBER _____

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MARKINGS:

Facial: _____

Legs: _____

LH, RH, RF, LF: _____

Under Chin: _____

Please attach five color photos to show all body markings. Front, rear, left & right sides, and under chin. All white markings must be indicated on the drawings. (Notate any white hairs or pigment spots under the chin and between the jaws and/or body pigment spots).

Must show entire horse - including the hooves.