

# SPOTTED MOUNTAIN HORSE ASSOCIATION APPLICATION FOR REGISTRATION/CERTIFICATION

Kentucky Mountain Saddle and Spotted Mountain Horse Association  
P. O. Box 1405 • Georgetown, KY 40324  
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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

GRAND SIRE/ REG NO

GRAND DAM/ REG NO

GRAND SIRE/ REG NO

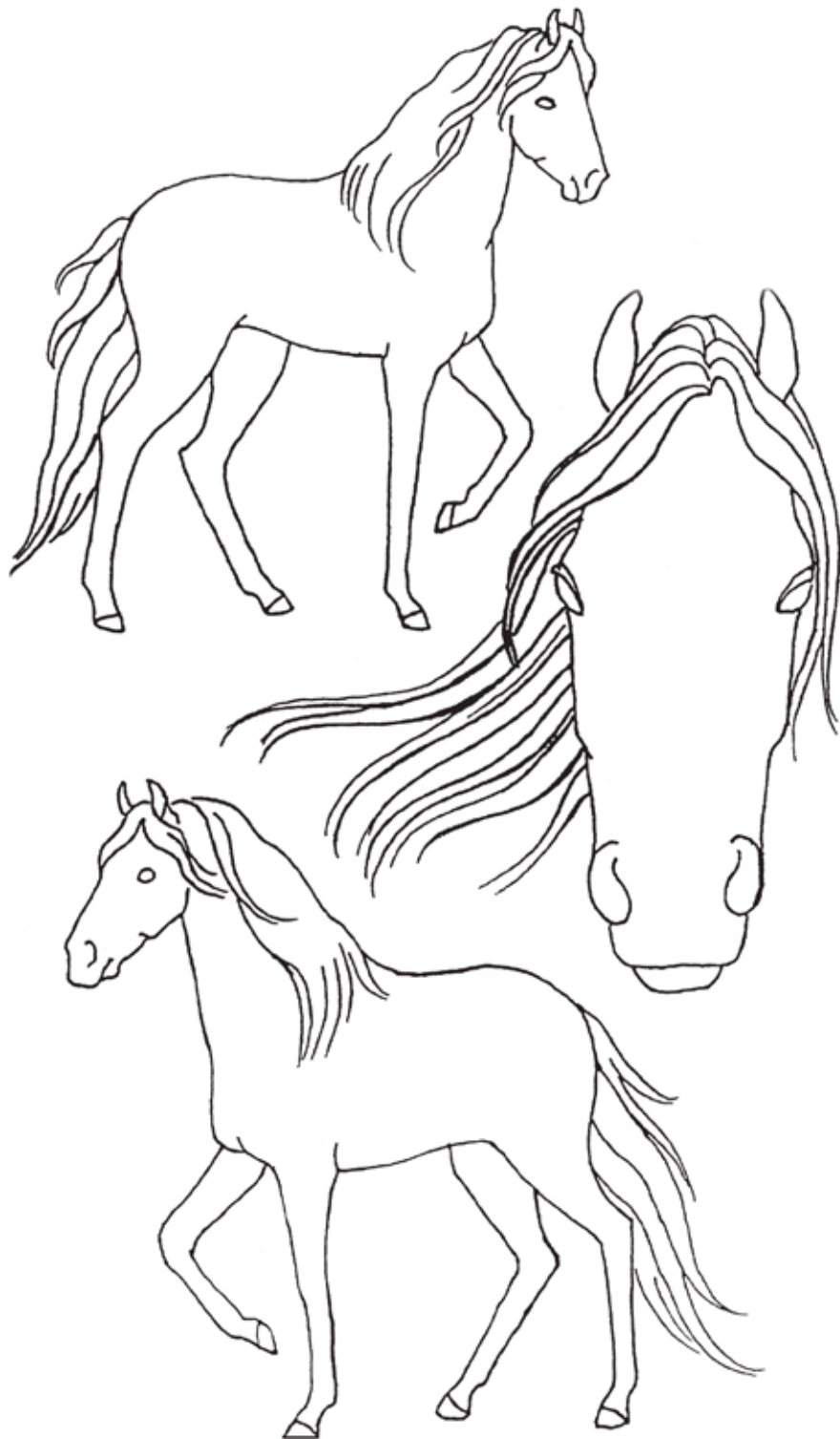
GRAND DAM/ REG NO

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ MEMBER \_\_\_\_\_ NON-MEMBER \_\_\_\_\_



**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.*