



International Georgian Grande Registry

PO Box 845 / Piketon, Ohio / 45661

www.georgiangrande.com

REGISTRATION FORM

Please **complete all pages** clearly and legibly. One registration form is required per horse. Send completed application to the above address; please include your check for \$50.00 per horse. For non members the fee is \$100.00 **Please note: If the horse is being transferred at the time of registration, both the registration and transfer forms and fees are required.

NAME SELECTIONS

Please do not use one word names. Please provide two name choices. Names may not exceed 35 characters (spaces included) Punctuation marks are not allowed.

1) _____

2) _____

FOALING INFORMATION

Date of Birth (MM/DD/YY) _____ City foaled in _____

State / Province Foaled in _____ Country foaled in _____

I am registering a filly (under 3 years) mare colt (under 3 years) gelding stallion

PHOTO INFORMATION **REQUIRED: I have enclosed 4 color photos of my horse**

Please submit 4 clear, close photographs of the horse, with the minimum size being 3X3, and the horse being 80% of the photograph. All photos must be current, in color and clearly show any and all markings. All photos must show the horses feet and ears. On the back of the photos write the name of the horse, gender and date of birth. Photographs should include the left side (photo 1) and right side (photo 2) of the whole horse, including the feet and ears. Pull the forelock and mane aside so the whole face and neck may be clearly seen. Please take one photo from directly in front of the horse (photo 3) and one photo from directly behind the horse (photo 4).

PEDIGREE INFORMATION

Sire **REQUIRED: I have enclosed a copy of the sire's registration papers and a pedigree that is at least 3 generations**

Sire's registered name _____ Breed _____

Registry Name _____ Registration # _____

Dam **REQUIRED: I have enclosed a copy of the dam's registration papers and a pedigree that is at least 3 generations**

Dam's registered name _____ Breed _____

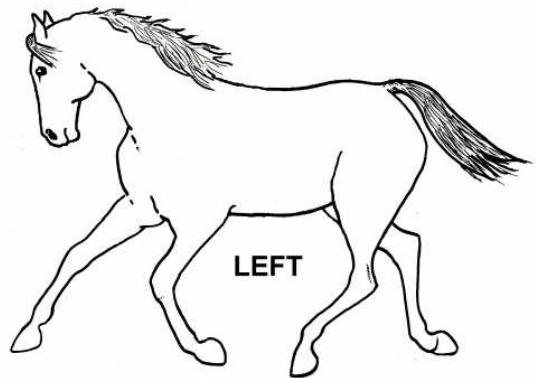
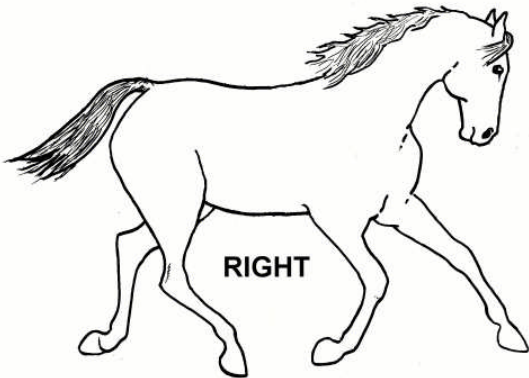
Registry Name _____ Registration # _____

COLOR

BASIC COLORS	MODIFIED COLORS
<input type="checkbox"/> Black	<input type="checkbox"/> Champagne → <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Bay
<input type="checkbox"/> Seal Brown	<input type="checkbox"/> Pinto → <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Bay
<input type="checkbox"/> Chestnut / Sorrel	<input type="checkbox"/> Cream, Creamello → <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Bay
<input type="checkbox"/> White (not gray)	<input type="checkbox"/> Silver Dapple
<input type="checkbox"/> Bay	<input type="checkbox"/> Dun (primitive marks) → <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Bay
<input type="checkbox"/> Buckskin	<input type="checkbox"/> Gray → <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Bay
<input type="checkbox"/> Palomino	<input type="checkbox"/> Roan → <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Bay
	<input type="checkbox"/> Other _____

MARKING IDENTIFICATION

PLEASE DRAW MARKINGS ON THE PICTURES OR ► This horse has no white markings



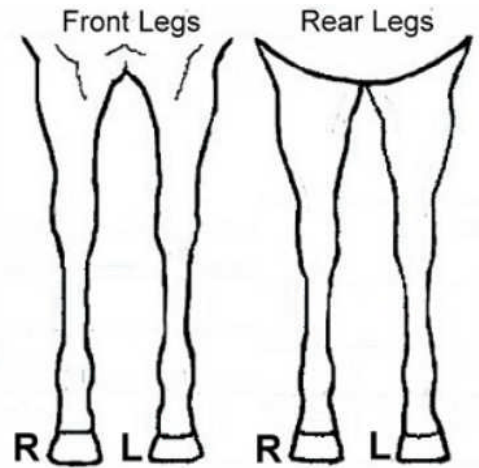
LIP

Please draw white face markings and leg markings

Does this horse have blue eyes? YES NO

Left Eye Right Eye

Please check the box next to the horses nose if white marks are present on the horses bottom lip.



Please write a description of all markings

MICROCHIPS, TATTOOS & BRANDS

My horse has the following:

- MircoChip Number _____ Brand of chip _____
- Tattoo Number _____ Freeze Brand-Description _____
- Scars or Other (Explain) _____

DNA PARENT VERIFICATION REQUIREMENT

DNA is not required by IGGHR at this point in time. It is quite possible in the near future that it will become a registration requirement. If your horse is already DNA test with another registry, please supply a copy of the DNA report.

- I am supplying IGGHR with a copy of Parent Verification DNA test OR ► I have no DNA test to submit

This page **MUST BE** included with the other two pages

Please note: Co-owners are typically NOT family members. For family members use &, or.
If a co-owner is listed both **MUST** sign all documents.

I purchased <input type="checkbox"/> or bred <input type="checkbox"/> the horse being registered	
Please record the OWNER/S as:	Horse was purchased from:
Name _____ Address _____ City _____ State/Province _____ Country _____ Phone _____ Cell _____ Email _____ XSignature _____ If this horse is Co-Owned the co-owner must sign. None <input type="checkbox"/> Name _____ Ph# _____ Co-Signature _____	Mare owner at the time of Foaling <input type="checkbox"/> Mare owner at Breeding <input type="checkbox"/> Stallion owner <input type="checkbox"/> Or other-Please fill in below ↓ Please furnish valid proof of ownership Name _____ Address _____ City _____ State/Province _____ Country _____ Phone _____ Cell _____ Email _____ Date of purchase _____

Recorded Stallion owner at the time of breeding ↓	
Name of Stallion _____ Breed of Stallion _____ Stallion is registered with _____ Registration # _____ Services provided from _____ to _____ <input type="checkbox"/> Pasture bred <input type="checkbox"/> Handled/live <input type="checkbox"/> Artificial Insemination on Site <input type="checkbox"/> Transported Semen <input type="checkbox"/> Frozen Semen <input type="checkbox"/> Embryo Transfer	
Please PRINT Stallion Owner/s information	
Name _____ Address _____ City _____ State/Province _____ Country _____ XSignature _____	Phone _____ Cell _____ Email _____ Farm Name _____ If this horse was Co-Owned the co-owner must sign. None <input type="checkbox"/> Name _____ Ph# _____ Co-Signature _____

Please PRINT mare owner' information at the time of BREEDING. (below ↓) Same as stallion owner above YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Mare _____ Breed of Mare _____ Mare is registered with _____ Registration # _____	
Name _____ Address _____ City _____ State/Province _____ Country _____ XSignature _____	Phone _____ Cell _____ Email _____ Farm Name _____ If this horse was Co-Owned the co-owner must sign. None <input type="checkbox"/> Name _____ Ph# _____ Co-Signature _____

Please PRINT mare owner' information at the time of FOALING (below ↓) Same as mare owner above YES <input type="checkbox"/> NO <input type="checkbox"/> Same as stallion owner above YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name _____ Address _____ City _____ State/Province _____ Country _____ XSignature _____	Phone _____ Cell _____ Email _____ Farm Name _____ If this horse was Co-Owned the co-owner must sign. None <input type="checkbox"/> Name _____ Ph# _____ Co-Signature _____