



Certification of Castration

I hereby certify that on the _____ day of _____, 20____
that the stallion/colt named below was gelded.

Horses registered named _____

GVHS registration number _____

Owners name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address _____

Submitted by **Date signed**

The horse will be reclassified as a gelding and the registration returned to you.

Please send completed form and the original registration papers to:

Gypsy Vanner Horse Society
P.O. Box 317
Iola, WI 54945-0317

NO FEE