



IRISH DRAUGHT HORSE SOCIETY OF CANADA
221 Richlands Rd, Cherryville, BC, V0E 2G1 / 250-540-4230(c) 250-547-6545(h)

APPLICATION FOR FOAL/YOUNGSTOCK REGISTRATION

THIS APPLICATION FORM IS FOR ALL UNREGISTERED HORSES

STEP 1

For each horse to be registered, please submit:

1. A completed **Application for Registration** form (the second page of this document).
A photocopy of **the dam's registration papers**. This is required for foals being registered by the breeder unless the dam is unregistered. If the dam's registration papers are not available or do not exist, please provide information about the dam's parents including name, breed, and if possible, registry and registration number. If you do not have DNA for the dam or sire, please contact the Registration Officer.
2. A photocopy of the **Stallion Service (covering) certificate**, if there is one. If the stallion is the non-Irish Draught parent of a partbred horse, please provide information about the sire's parents including name, breed, registry and registration number.
3. Four colour **photographs** which show
 - a. each side of the horse – left and right “conformation shot” – close enough that the horse fills the frame
 - b. a straight-on, shot of front of the horse from tips of ears to bottom of front feet; and
 - c. the full hindquarters and legs (hold the tail to one side so the lower legs are clearly visible.)

The photographs will be placed in the passport. Their purpose is to SHOW THE MARKINGS so please ensure that they are close, clear, well-lit and the horse is fully visible within the frame. Digital photographs are preferred but not essential. They may be emailed to registration@idhs.ca.

STEP 2

When the documents and fees in Step 1 are received by the Registration Office, you will be sent a customized Identification Certificate (marking diagram), Tissue Sample Extraction Certificate and DNA Sample Form for Pulled Hair for your horse. Owners of Irish Draught foals will also be given the option to microchip their foals. Please submit:

4. The **Identification Certificate** fully completed and signed by a veterinarian. You will need a red pen to show any white markings. If the horse does not have markings on a particular body area, please put “None” in the space for that area. Please do not leave fields blank unless they are not required, eg, Height for a foal.
5. The completed **Tissue Sample Extraction Certificate** signed by a veterinarian certifying that he/she extracted the hair sample to be used for the horse's parentage verification. A certificate confirming the parentage must be received by the Society from the testing lab before a registration certificate will be issued.
6. A **hair sample** for the horse taped to the DNA Sample Form For Pulled Hair and placed into a new envelope by itself. Note: For parentage to be verified, the DNA profiles of both the sire and the dam must be on file at the lab. This will be checked when the registration application first arrives at the Registration Office.
7. All fees are due and payable in Canadian funds. If you pay by paypal, please enclose the receipt from paypal or email your receipt to the registration officer (email address below). Fees are:

Item	Canadian funds cheque or money order		Paypal (payable to treasurer@idhs.ca)	
	Member	Non-Member	Member	Non-Member
Registered in year of birth	\$90	\$120	\$95	\$126
Registered after year of birth	\$140	\$147	\$170	\$179
DNA for sire or dam	\$40	\$40	\$42	\$42

QUESTIONS: Call Becky Rowan at (250)540-4230 or email registration@idhs.ca.



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PRINT IN BLOCK CAPITALS PLEASE

NAME (30 CHARACTERS MAXIMUM)		CHOICE 1: _____	
		CHOICE 2: _____	
DATE OF BIRTH		Month _____ Day _____ Year 20 _____	
		A Stallion Service Certificate <input type="checkbox"/> was / <input type="checkbox"/> was not filed in the year of breeding.	
GENDER		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gelding gelded on _____ COLOUR _____	
BIRTH		<input type="checkbox"/> Single Birth <input type="checkbox"/> Twin Birth Gender of Twin (if any): <input type="checkbox"/> Male <input type="checkbox"/> Female	
METHOD OF CONCEPTION	<input type="checkbox"/> Live Cover	<input type="checkbox"/> Artificial Insemination with <input type="checkbox"/> Chilled Semen / <input type="checkbox"/> Frozen Semen	
	<input type="checkbox"/> Embryo Transfer	Recipient Name _____ Mare: _____ Age _____ Colour _____ Breed _____	
PARENTS NAMES		REGISTRATION (Numbers and registries)	
SIRE			
DAM			
MICROCHIP NUMBER, TATTOO OR OTHER UNIQUE IDENTIFICATION (describe)			
BREEDER (Owner/lessee of mare at time of conception <i>if different from owner</i>) NAME AND ADDRESS			Membership No.
OWNER Name			
Postal Address			
Town	Province	Postal Code	
Telephone Number	Fax Number	Email	

- I am a current member in good standing OR
- My membership dues for this year are included with this application OR
- I am not a voting member of the Irish Draught Horse Society of Canada. I agree to obey the rules of the Irish Draught Horse Society of Canada as applicable.

I hereby declare that the above information is correct to the best of my knowledge and that where I do not have direct knowledge, I have made all reasonable efforts to satisfy myself that it is correct. I make this declaration knowing that it is of the same force and effect as if made under oath and/or by virtue of the Canada Evidence Act. I also give permission for information about this horse to be published by the Irish Draught Horse Society of Canada in its register and in promotional materials.

SIGNED _____ DATE _____
Signature of Owner of Foal (If not owner at birth, include proof of ownership.)

Please send this application form and the supporting documents to the IDHS (Canada) Registration Office, 221 Richlands Rd, Cherryville, BC, V0E 2G1