CASPIAN

New Registration Application

CENTRAL REGISTRY SERVICES
775 Flippin Road
Lowgap, NC 27024 ▪ 1-336-352-5520
www.EndangeredEquines.com

INSTRUCTIONS:

1. To be registered, all stock must qualify and be on record as the offspring of its sire and dam through certified DNA testing. To request DNA testing, please complete the CRS - DNA Request Form using the CRS DNA Instruction sheet per the CRS Rules & Regulations. If the sire and/or dam of the applicant are not DNA typed, additional forms and tests may be requested and submitted.
2. Draw the markings of this applicant on page 2 of this application.

PLEASE EXERCISE CARE IN COMPLETING THIS APPLICATION.
Incorrect information may result in delay, rejection or cancellation of registration.

All applicants and all registrations are subject to CENTRAL REGISTRY SERVICES Rules & Regulations. A copy of the Rules & Regulations may be obtained from CENTRAL REGISTRY SERVICES or viewed online at www.EndangeredEquines.org. All persons completing or signing any portion of this application, or submitting this application to CENTRAL REGISTRY SERVICES, agree to abide and be bound by the Rules & Regulations.

Owner Certificate

NAME: 1st Choice _____ 2nd Choice _____

DATE FOALED: Month / Day / Year

COLOR: ☐ Bay ☐ Chestnut ☐ Dun ☐ Roan (Check all that apply) ☐ Black ☐ Grey Other _____

SEX: ☐ Mare ☐ Stallion ☐ Gelding (Check One)

DATE CASTRATED: Month / Day / Year

SIRE: _____ COLOR _____ REGISTRATION NO. _____

DAM: _____ COLOR _____ REGISTRATION NO. _____

I certify that the above pedigree and particulars are correct to the best of my knowledge and belief. I further agree that the applicant will be subject to registration requirements as described in the Rules and Regulations effective at the time of this registration.

SIGNATURE OF RECORDED OWNER: X _____

WEBSITE www. _____

PHONE NO. ( ) _____ EMAIL: _____

SIGNATURE DATE Month / Day / Year

Mare Service Certificate

I certify that the mare named: _____
was bred to the stallion listed below.

WEBSITE www. _____

REGISTRATION NO. _____

Signature of recorded ☐ Owner ☐ Authorized Agent X _____

or ☐ Designated Breeder at time of breeding:

SIGNATURE DATE Month / Day / Year

CRS Notice of Lease Agreement ☐ On File ☐ Enclosed EMAIL: _____

PHONE NUMBER ( )

Stallion Service Certificate

I certify that the stallion named: _____ REGISTRATION NO. _____

bred the mare named: _____ REGISTRATION NO. _____

Type of Service: ☐ Pasture ☐ In Hand ☐ Artificial Insemination

SIGNATURE DATE Month / Day / Year

Signature of recorded ☐ Owner ☐ Authorized Agent X _____

or ☐ Designated Agent of STALLION at time of breeding:

WEBSITE www. _____

CRS Notice of Lease Agreement ☐ On File ☐ Enclosed EMAIL: _____

PHONE NUMBER ( )

NEW REGISTRATIONS....(2 YRS OLD AND OLDER).....$ 30
50% DISCOUNT – UNDER 6 MONTHS.....$ 15
30% DISCOUNT - 6 MOS AND UNDER 2 YEARS.....$ 21

DNA / PARENTAGE VERIFICATION
CERTIFIED DNA - THROUGH CRS .....$ 30
CERTIFIED DNA - PROVIDED BY OWNER..... N/C

1.) New Registration _____ $ _____
2.) Certified DNA - through CRS _____ _____
3.) $2 Discount for EQUUS SURVIVAL TRUST members _____ _____

Make payable to CENTRAL REGISTRY SERVICES TOTAL DUE $ _____
☐ Check # _____ OR
☐ PayPal payment receipt # _____
Name on PayPal account _____