

Kentucky Natural Gaited Horse Association

Registration #: _____
(office use only)

Application For Inspection or Registration

(Please Print)

Owners Name: _____

Name of horse: _____

Name of person to be registered to: _____

Address: _____

City, State Zip: _____

Phone: _____
Day Evening Fax

E-Mail: _____

Sex: _____ Name of Sire: _____

Color: _____ Name of Dam: _____

Height: _____ *Please complete attached Pedigree Chart.

DOB: _____

I _____ certify that the undersign is indeed the owner of said horse and has the authority to execute and file this application and has the ability to produce further documents if needed by the association to complete the registration process. Also certify that the information provided is accurate and complete. The KNGHA is not liable or responsible for inconsistent data or actions inconsistent with the associations rules and by laws, which have been provided to all members.

Owner Signature Date

Inspector Signature Date

Make Payment To:

KNGHA

P.O. Box 420

Morehead, KY 40351

Registration Fee: \$75.00

Gelding- DNA not required: \$40.00

Duplicate Papers: \$15.00

Transfer-within 30 days: \$10.00

Non-member Transfer: \$15.00

For more information:

[KNGHA Contacts](#)



Please draw in markings on diagram. Give description of markings at space below diagram.

Pre-Registration Pedigree

The Undersigned certifies the below information is correct to the best of their knowledge.
(Please Print)

Name / Sex of Entry	Sire / Reg. No.			
	Dam / Reg. No.			
Owner				
Inspector	Date			