

GELDING/SPAY REPORT

Instructions:

- 1. Print in ink only (please write legibly).
- 2. Return original Certificate of Registration with Gelding/Spay Report and appropriate fees.
- 3. Retain a copy of this completed form and a copy of your pony's registration papers for future reference.

Gelding/Spay Report Fee: \$10

Make checks payable to: International Chincoteague Pony Association & Registry LLC

Please check one:				
☐ Previously registered with	ICPAR as a stallion			
☐ Previously registered with	ICPAR as an un-spa	yed mare		
	.1			
On,	the pony named			
(date)		(Pony's Registered Name)		
ICPAR registration #		_was (circle one)	gelded sp	payed
As the person performing the	surgery, I certify tha	t both (circle one)	testicles ovaries	were removed.
Surgeon's Name		Surgeon's Signatu	re	
Owner's Name		Owner's Signature		
By signing this document.	hereby certify that the above	information is true and corr	ect to the best of my knowle	døe.

Mail completed form with original certificate of registration and payment to the following address:

International Chincoteague Pony Association & Registry LLC 10723 County Road 11 NE

Elgin, MN 55932

(507) 923-8933

chincoteagueponyassociation@gmail.com www.chincoteagueponyassociation.com