

# International Corrected Certificate Report

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**Instructions:**

- This form is provided for use in reporting corrections made to the original APHA registration certificate from stallion to gelding. By signing this form, the authorized agent accepts responsibility and acknowledges that he/she has stamped the certificate in accordance with APHA guidelines.
- The recorded owner of the horse should sign the statement providing the date of gelding. If the horse was gelded at the time of purchase and a specific gelding date is not known to the buyer, the purchase date can be used as the date of gelding.
- There is no fee for recording this change.

Registered Name of Horse:

\_\_\_\_\_  
APHA Registration Number:

\_\_\_\_\_  
Date of Gelding (Month/Day/Year):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Recorded Owner:

X \_\_\_\_\_  
Owner's Name:

\_\_\_\_\_  
Owner's Address:

\_\_\_\_\_  
City:

\_\_\_\_\_  
Country:

\_\_\_\_\_  
Postal Code: \_\_\_\_\_

Signature of APHA Authorized Agent:

X \_\_\_\_\_  
By signing this form, I hereby acknowledge that I am responsible for providing this completed form to the Association in a timely manner for recording in the horse's official records. I also acknowledge that the certificate of registration has been properly stamped and that I have verified that the above information is true and correct to the best of my ability.

Mailing address for completed forms:

APHA Registration Department  
PO Box 961023  
Fort Worth, TX 76161

Email address for scanned completed forms:

[regservices@apha.com](mailto:regservices@apha.com)

## International Corrected Certificate Agreement

By signing below, I hereby acknowledge and agree to the following:

- I have been authorized by the American Paint Horse Association to update APHA registration certificates of internationally owned horses from stallion to gelding, following the procedures given to me by the Association.
- I have been provided with a 'Gelding' stamp to be used in correcting the certificates.
- I acknowledge that I am accepting responsibility for changes made to the horse's official APHA registration record and recognize the importance of accurate information.
- I agree to have the recorded owner complete and sign the appropriate correction report and agree to provide the completed form to APHA in a timely manner.
- There is no fee for reporting this correction.
- Upon request from the Association, I agree to return the stamp promptly without question or recourse.

X \_\_\_\_\_ Date: \_\_\_\_\_

Authorized agent's name:

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Address:

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City: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email address: \_\_\_\_\_