

# Appaloosa Horse Club of Canada

P.O. Box 364 Norwood, Ontario, Canada, K0L 2V0 705-872-8555 appaloosa@nexicom.net



## CERTIFICATE CHANGES

I hereby request the following Certificate Changes for the following Appaloosa horse:

\_\_\_\_\_  
*Name of Appaloosa Horse*

\_\_\_\_\_  
*Certificate Number of Appaloosa Horse*

**For the request checked below, the ORIGINAL certificate must be returned with the appropriate fee.**  
This application shall be submitted within six (6) months of the date of the change.

**All Fees Subject to change. Canadian Funds Please**

**Corrected Certificate -** **\$30.00 Members** **\$75.00 Non-members**  
Correction required: \_\_\_\_\_

**Gelding/Spayed Mare Revision -** **\$20.00 Members** **\$65.00 Non-members**  
Date Gelded: \_\_\_\_\_ (Regulations Part 5: C. 6. – The certificate will be stamped “Gelding” or “Spayed Mare”, unless the owner requests a “NEW” certificate, at which time the replacement certificate fee will apply in addition to the gelded/spayed mare revision fee, and a Veterinary Evaluation Form completed and submitted)

**Replacement Certificate -** **\$50.00 Members** **\$100.00 Non-members**  
To replace original which has been torn, mutilated, soiled or otherwise defaced, provided original is identifiable. Owner must submit the original certificate to the ApHCC and pay the prescribed fee. Regulations Part 5: B. 1,2.

**Deceased (deceased date to be recorded on reverse of certificate)** **No Charge**  
Return certificate to owner  Yes  No Deceased Date: \_\_\_\_\_ (Regulations Part 5: E)

**Owners Name Change** **\$20.00 Members** **\$65.00 Non-members**  
From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for change:  Marriage  Divorce  Removal of Trustee  Other (describe below)  Also Known As  
Date Marriage/Divorce \_\_\_\_\_ Description of “Other” or “Also Known As” \_\_\_\_\_

Applicant may be asked for documentation. If a company or partnership has changed its name please submit the appropriate legal documents. (Regulations Part: 5. H.)

**Horses Name Change** **\$100.00 Members** **\$150.00 Non-members**  
(By-Laws Section XII: D)  
First Name Choice \_\_\_\_\_ Second Name Choice \_\_\_\_\_  

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The submission of this signed document or application is deemed to be the consent to use your Personal Information pursuant to the ApHCC Privacy Statement.

X \_\_\_\_\_  
**Signature of the Owner(s)** or Authorized Agent as per the ApHCC official records

Filed by ApHCC on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Cheque  Money-Order  MasterCard  Visa

CREDIT CARD # \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVV # \_\_\_\_\_

Signature \_\_\_\_\_