

## Mountain Pleasure Horse Association

### Certificate of Castration or Death

Horse Name:

MPHA Registration #:

Date of Birth:

Owner Name:

Owner Address:

Owner Phone #:

Owner email address:

I, registered owner of above described Mountain Pleasure Horse, do hereby certify by my electronic signature, that said animal was:

Castrated on \_\_\_\_\_ (date)\* full date if known, if not, year

Deceased on \_\_\_\_\_ (date) \* full date if known, if not, year

And, hereby give the MPHA registrar my permission to correct the MPHA permanent papers and database accordingly.

\_\_\_\_\_  
(Owner's signature – typed)

\_\_\_\_\_  
(Date)