



Paso Fino Horse Association, Incorporated

1003 Twilight Trail Suite 2, Frankfort, KY 40601 (859) 689-3700 FAX (859) 689-3702 registration@pfha.org

Gait Evaluation Form

EVALUATION GUIDELINES

1. This form must be completed by an authorized PFHA evaluator/Judge. Authorized evaluators will be listed on the PFHA website.
2. Horse must not exceed 85 months of age. If exceeds 85 months of age must be presented to the registration advisory committee.
3. Only two gait changes per horse are permitted. Should there be a need for any additional changes, it shall be presented to the Registry Advisory Committee for consideration.
4. The original Certificate of Registration **must** be mailed to PFHA accompanying the completed Modality Evaluation Form and \$100 recording fee, in order for any gait changes to be recorded.
5. For evaluations completed at a PFHA show, a copy of the completed evaluation form must be provided to the Show Secretary, in order for class changes to be made.
6. The request for a modality change must be made to PFHA within 15 days of the last day of the show, in order to retain any show points received.
7. Trocha and Trocha y Galope horses may cross enter into Trocha and/or Trocha y Galope without requiring a gait change.
8. All fields on this form are required to be completed.

HORSE INFORMATION

Current Registered Gait: Trote y Galope Trocha Trocha y Galope

PFHA Reg. No.: _____ Horse's Name: _____

Microchip No.: _____ Date of Birth: ____/____/____ Color: _____

Sex of Horse: Mare Gelding Stallion Requested Gait Change to: Trote y Galope Trocha Trocha y Galope

OWNER INFORMATION

PFHA MEMBERSHIP NUMBER: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

EVALUATION

Approved

Disapproved (please list comments on reverse)

This evaluation confirms the above referenced horse consistently executes the following gait:
(only one selection permitted)

Trote y Galope (P1)

Trocha y Galope (P2)

Trocha (P3)

I, _____, am certified by PFHA, and appointed to complete the evaluation of the above referenced horse. It is recommended that the gait be changed to reflect this evaluation.

The following signatures are required to be endorsed to complete the evaluation of the characteristics described above.

*Evaluator/Judge

Steward (if evaluation is performed at PFHA show)

Evaluation completed in _____ on _____, _____ of _____.
City/State/Country Month Day Year

THE ORIGINAL CERTIFICATE OF REGISTRATION AND \$100 FEE MUST ACCOMPANY THIS COMPLETED EVALUATION.

PLEASE REMIT TO:

PASO FINO HORSE ASSOCIATION

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