



## Breeding Certificate

To be filled out by the Stallion Owner

**Stallion:** Name.....

(Please send us a copy of pedigree) Life number.....

**Mare:** Name.....

(Please send us a copy of pedigree) Life number.....

**Owner of Mare:** Name.....

Address.....

Location, Zip Code.....

**Insemination:** Live Cover  Fresh Semen  Frozen Semen

**Insemination Dates:** .....

**Stallion Owner or Agent or Veterinarian** .....

**(full Address):** .....

.....

.....

Date

Signature of Stallion Owner or Agent or Veterinarian (in case of frozen semen) with stamp!

## Foal / No Live Foal Report

**Foal:** Date of Birth.....Place of Birth.....

Sex.....Color.....

Mare did not conceive  Aborted/absorbed

Foal and/or Mare died - date: \_\_\_\_\_

**Name Choices:** 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Owner:** Name.....Farm.....

Membership number.....

Mailing Address.....

City, State, Zip Code.....

Email.....

Phone number.....

.....

Date Signature of Foal Owner

The birth of the foal must be reported to the Verband der Züchter des Holsteiner Pferdes e.V. (bergmann@holsteiner-verband.de) within 28 days at the latest on this card. For foals that are not registered in time, an additional handling fee will be charged according to the fee regulations of the association.



**PLEASE COMPLETE THE FOLLOWING FORM FOR YOUR REGISTRATION:**

**Microchipping #** \_\_\_\_\_

Microchipping is mandatory. The chip offered is FEI compliant and the information on the chip will be maintained by the Holsteiner Verband and also submitted to USEF. If your horse has been microchipped already, please submit the documentation. The information will be printed on the papers and recorded as part of the horse's permanent file.

**Ownership information:**

The ownership information as filled out above will appear on your horse's registration card/certificate of pedigree. Please review and make any necessary changes:

Ownership information (if papers are to be issued in someone else's name, please note the change of ownership (...€/€\$):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_