

STALLION SERVICE REPORT

The Stallion _____ was bred to the following mares during the _____ Breeding Season:

Mare Name	Registry & Number	Type of Breeding	Location	Breeding Dates	Mare Owner's Complete Address, Telephone & Email
		<i>Please check all methods and locations that apply for each mare</i>			
		<input type="checkbox"/> Live Cover <input type="checkbox"/> Fresh Semen <input type="checkbox"/> Cooled Semen <input type="checkbox"/> Frozen Semen <input type="checkbox"/> Embryo Transfer	<input type="checkbox"/> On Farm <input type="checkbox"/> Shipped	<input type="checkbox"/> In Foal <input type="checkbox"/> Not In Foal	
		<input type="checkbox"/> Live Cover <input type="checkbox"/> Fresh Semen <input type="checkbox"/> Cooled Semen <input type="checkbox"/> Frozen Semen <input type="checkbox"/> Embryo Transfer	<input type="checkbox"/> On Farm <input type="checkbox"/> Shipped	<input type="checkbox"/> In Foal <input type="checkbox"/> Not In Foal	
		<input type="checkbox"/> Live Cover <input type="checkbox"/> Fresh Semen <input type="checkbox"/> Cooled Semen <input type="checkbox"/> Frozen Semen <input type="checkbox"/> Embryo Transfer	<input type="checkbox"/> On Farm <input type="checkbox"/> Shipped	<input type="checkbox"/> In Foal <input type="checkbox"/> Not In Foal	
		<input type="checkbox"/> Live Cover <input type="checkbox"/> Fresh Semen <input type="checkbox"/> Cooled Semen <input type="checkbox"/> Frozen Semen <input type="checkbox"/> Embryo Transfer	<input type="checkbox"/> On Farm <input type="checkbox"/> Shipped	<input type="checkbox"/> In Foal <input type="checkbox"/> Not In Foal	
		<input type="checkbox"/> Live Cover <input type="checkbox"/> Fresh Semen <input type="checkbox"/> Cooled Semen <input type="checkbox"/> Frozen Semen <input type="checkbox"/> Embryo Transfer	<input type="checkbox"/> On Farm <input type="checkbox"/> Shipped	<input type="checkbox"/> In Foal <input type="checkbox"/> Not In Foal	
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		<input type="checkbox"/> Live Cover <input type="checkbox"/> Fresh Semen <input type="checkbox"/> Cooled Semen <input type="checkbox"/> Frozen Semen <input type="checkbox"/> Embryo Transfer	<input type="checkbox"/> On Farm <input type="checkbox"/> Shipped	<input type="checkbox"/> In Foal <input type="checkbox"/> Not In Foal	

I hereby certify that all mares bred to the above-named stallion during the breeding season of _____ are listed.

SIGNATURE OF STALLION OWNER OR AGENT _____ DATE OF REPORT _____