



## STALLION SERVICE CERTIFICATE

Year: 2015

<b>STUD NAME:</b>	
<b>STALLION OWNER/AGENT:</b>	
<b>STALLION:</b>	
<b>REGISTRATION NUMBER:</b>	
<b>MARE NAME:</b>	
<b>REGISTRATION NUMBER:</b>	<b>YOB:</b>
<b>BREED:</b>	<b>COLOUR:</b>
<b>SIRE:</b>	
<b>DAM:</b>	
<b>OWNER:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	
<b>FIRST SERVICE DATE:</b>	
<b>LAST SERVICE DATE:</b>	
<b>POSITIVE PREGNANCY TEST DATE IF KNOWN:</b>	
<b>FOAL DUE DATE:</b> (Gestation 330 days)	
I certify to the correctness of the description shown on this certificate taken for the purpose of the studbook requirements of this Association.	
_____	_____
(Signature of stallion owner or agent)	(Date)

### Please Print Two Copies

**One copy** for mare owner to attach to Application for Foal Registration.

**One copy** to accompany Stallion Service Return furnished by Stallion owner by 31<sup>st</sup> July.

#### Return Form To:

The Registrar  
 PO BOX 2146  
 Stortford Lodge  
 Hastings 4153