



American Shetland & Derivative  
Association of New Zealand Inc



### STALLION SERVICE CERTIFICATE

Year:

<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>DOB:</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>	

**POSITIVE PREGNANCY TEST DATE IF KNOWN:**

**FOAL DUE DATE:** (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 by mail to:**

The Registrar  
PO BOX 2146  
Stortford Lodge  
Hastings, 4153

**Or Email Form to:**

Alannah.horrocks@yahoo.co.nz