## **LIVE FOAL/NO FOAL REPORT** (Must be sent before December 31st 2012)

I certify the following Stallion	result from the	breeding	certified l	oetween Sa Numb	( stallic er (if k	on x m	nare)					
RETURN DATES: Type of breeding used semen A.I.; Natural control of the property of the propert	over and E.T.;	A.I. with	embryo tı	ansfer T	Type us	sed : _						_
Last breeding:		Certified correct										
Date :		Stallio	on manaş	ger's sig	nature							
Barren	Aborted on_			☐ Foa	led date	e						
Foal (Sex):		_color	(Dea	(Death if applicable)								
Twins (Sex):		color				ath if	app]	licat	ole) _			
☐ The mare died on		(enclose ID documents)				,						
Location where foal w	vas born (Name, a	ddress, town, co	ountry, state):									
		1						_				
BREEDER					١ ١	(Zip cod	le)		((	City or	state)	
(Mr, Mrs, I	Miss)	(Last Nan	ne)	1	(F	irst Nam	ie)					(M.I)
			(Street/Ro	oute)								
(Zip)  OWNER(S) (if dif	ferent from	breede		y or state)								
		(Mr, Mrs,	Miss)				<i>-</i>					
				(A	ddress)		1					27
		(Mr, Mrs,	Miss)	1								
NAMES : Proposed	for the foal (lis	t in order o	or prefere	Ì	ddress)							
		<u>                                     </u>					<u> </u>	1	<u>                                     </u>	<u> </u>	<u>                                      </u>	l l
	T:	<u>                                     </u>	2015		1		<u> </u>					
	Birth Year / In case of twin	Naissances is, propose t	2012 - Max hree more i	timum of 2 names on a	21 letters 1 letter at	includ tached	ing s to th	paces is she	s. eet.			
I certify that the in	formation abo	ove is co	rrect to t	he best	of my	kno	wle	dge	•			