

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

I certify the following result from the breeding certified between ( stallion x mare)  
Stallion \_\_\_\_\_ Life/Reg. Number (if known) \_\_\_\_\_  
Broodmare \_\_\_\_\_ Life/Reg. Number (if known) \_\_\_\_\_

**RETURN DATES :**

Type of breeding used : In hand ; Pasture breeding ; Fresh semen A.I. ; Frozen semen A.I. ; cooled transported semen A.I. ; Natural cover and E.T. ; A.I. with embryo transfer **Type used :** \_\_\_\_\_

For A.I. and E.T., name of A.I. Center : \_\_\_\_\_  
\_\_\_\_\_

Last breeding : \_\_\_\_\_ Certified correct \_\_\_\_\_

Date : \_\_\_\_\_ **Stallion manager's signature :** \_\_\_\_\_

Barren       Aborted on \_\_\_\_\_       Foaled date \_\_\_\_\_  
Foal (Sex) : \_\_\_\_\_ color \_\_\_\_\_ (Death if applicable) \_\_\_\_\_  
Twins (Sex) : \_\_\_\_\_ color \_\_\_\_\_ (Death if applicable) \_\_\_\_\_  
 The mare died on \_\_\_\_\_ (enclose ID documents)  
Location where foal was born (Name, address, town, country, state): \_\_\_\_\_  
\_\_\_\_\_ (Zip code) \_\_\_\_\_ (City or state)

**BREEDER .**

\_\_\_\_\_ (Mr, Mrs, Miss) \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (M.I)  
\_\_\_\_\_ (Street/Route)  
\_\_\_\_\_ (Zip) \_\_\_\_\_ (City or state)

**OWNER(S) (if different from breeder):**

\_\_\_\_\_ (Mr, Mrs, Miss)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (Mr, Mrs, Miss)  
\_\_\_\_\_ (Address)

**NAMES :** Proposed for the foal (list in order or preference)

**C**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birth Year / Naissances 2012 - Maximum of 21 letters including spaces.  
In case of twins, propose three more names on a letter attached to this sheet.

I certify that the information above is correct to the best of my knowledge.

**Date :** \_\_\_\_\_ **Breeder's Signature** \_\_\_\_\_