

LIVE FOAL/NO FOAL REPORT (Must be sent before December 31st 2013)

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)

D

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

To be sent with fees payment to : ANSF-US - 2901 Richmond Rd - Suite 130-355 - Lexington, KY - 40509