LIVE FOAL/NO FOAL REPORT

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) (Phone # and email)

OWNER(S) (if different from breeder):

_____ _____
(Mr, Mrs, Miss)
_____
(Address)
_____ _____

_____
(Phone # and email)

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

1 _____
_____
_____

Birth Year / Naissances 2018 - 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