

Certificate of Breeding

Please Print Legibly

MARE:

Name: _____

Registration Number: _____ Breed: _____

If not NASDHA registered, include copy of registration papers

Mare Owner (at time of service)

Name: _____

Address: _____

City/State/Zip: _____

Phone: () _____

Signature: _____

STALLION:

Name: _____

Registration Number: _____ Breed: _____

If not NASDHA registered, include copy of registration papers

Stallion Owner (at time of service)

Name: _____

Address: _____

City/State/Zip: _____

Phone: () _____

Signature: _____

Reminder: All stallions (NASDHA and non-NASDHA) MUST have either a DNA test or bloodtyping on file before their foals are eligible for registration.

Dates Bred: Day 1 _____/_____/_____ Day 4 _____/_____/_____

 Day 2 _____/_____/_____ Day 5 _____/_____/_____

 Day 3 _____/_____/_____ Day 6 _____/_____/_____

This form **MUST** accompany the Application for Registration of the resulting foal.



North American Spotted Draft Horse Association
17594 US Hwy 20
Goshen, IN 46528
(574) 821-4226

Rev. Date 3/31/09

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