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BREEDING CERTIFICATE

SERVICE CERTIFICATE

Attach this to the Application for Registration of Foal

Stallion: _____
Breed and Color: _____
Registration #_____

Mare: _____
Breed and Color: _____
Registration #_____

This form will not be accepted as proof of service unless completed in full and signed by stallion owner or his agent.

	First Day	Last Day
Dates of Service:	Month ___ Day ___ Year ____	Month ___ Day ___ Year ____

Service was Natural Cover Artificial on farm Shipped Semen

Bred By: _____
Owner or Lessee of Dam at time of service

Address: _____
Phone Number: _____

Signature of Stallion Owner: _____
Owner or Lessee of Stallion at time of service

Address:
_____
_____

Phone Number: _____

Signature of owner or Authorized Lessee: _____

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