

AMERICAN MINIATURE HORSE ASSOCIATION

**MUST BE POST MARKED
ON OR BEFORE
JANUARY 15TH**

5601 S Interstate 35W Alvarado TX 76009 (817) 783-5600

**SUBMIT A
SEPARATE FORM ON
EACH STALLION USED**

STALLION BREEDING REPORT

Stallion's Full Registered Name:	AMHA Registration Number:
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	Registered Name of Mare Bred	AMHA REG NO	Method of Breeding A H P T E	Dates mare was exposed (if pasture bred, so state and give dates in and out of pasture). *See instructions	Year of Breeding
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

CERTIFICATION: I do certify that the above named mares were exposed to this stallion on the days shown above.

Date: _____

WRITTEN signature of RECORDED owner or RECORDED LESSEE, of Stallion at time of Service. **ALL SIGNATURES REQUIRED IF JOINT OWNERSHIP.**

NAME: _____ EMAIL: _____

ADDRESS _____ Phone: _____

COMPLETE FORM & RETURN TO AMHA WITH FILING FEE - See Work Order for current fee