PERMIT #

NorthAmerican Sportpony Registry

P.O. Box 1332 DeLeon Springs FL 32130 Phone: 561-693-5516 Fax: 775-667-0516
info@americansportpony.com www.americansportpony.com

Stallion Breeding Report 2016

Stallion name: _____ Location during breeding season:_____

*ET= Embryo Transfer / TS=Transport Semen/ AI=Artificial Insemination

No.	Mare's REGISTERED NAME	Breed	Registry and Number	Breeding Dates		Mare Owner (lessee) at time of service Complete name, address & phone no.
				On Farm	Trans. Semen*	

I hereby certify that all mares bred to the above-named stallion during the breeding season of **2016** are listed above.
Signature of Stallion Owner or Agent _____Address_____
Date of Report_____ (Attach additional pages as needed). Page _____of _____

BREEDING REPORTS ARE DUE DECEMBER 31ST OF EACH YEAR. PLEASE WRITE OR TYPE CLEARLY.

PLEASE MAKE ADDITIONAL COPIES AS NEEDED

revised 10/3/2016