



CERTIFICATE OF COVERING BY STALLION

NAME OF STALLION _____

Reg. No _____

NAME OF STALLION OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

NAME OF MARE _____

Reg. No _____ Breed Society _____

SIRE _____ Reg. No and Breed Society (if registered) _____

DAM _____ Reg. No and Breed Society (if registered) _____

NAME OF MARE OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

SERVICE DATES _____

SIGNED _____ DATE _____

Name of Stallion Owner/Importer of Frozen/Chilled Semen

WHITE – IDHSNA

YELLOW – MARE OWNER

PINK – STALLION OWNER

STALLION OWNERS: Original Form is preprinted as 3-copies, in 3 colors. Please print three copies, complete and retain one (PINK) copy for your records; send one copy (YELLOW) to Mare Owner; and, send one (WHITE) to:

IDHSNA Member Services, 4037 Iron Works Parkway, #160, Lexington, KY 40511
ph: 859-455-8090 / email: IDHSNA@hotmail.com