



# Irish Draught Horse Society of North America, Inc.

## Stallion Breeding Report

Covering Year \_\_\_\_\_

Stallion's Name: _____ IDHS(NA) No. _____ Owner/Agent reporting: _____ address _____ City,ST zip _____ Phone _____ Mobil _____ FAX _____
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	Mare's Name	Regist.#	Date Covered or Semen Shipped	MareOwner/Agent's Name & Address	* Fully Eligible
1				_____ _____ _____	<input type="checkbox"/>
2				_____ _____ _____	<input type="checkbox"/>
3				_____ _____ _____	<input type="checkbox"/>
4				_____ _____ _____	<input type="checkbox"/>
5				_____ _____ _____	<input type="checkbox"/>
6				_____ _____ _____	<input type="checkbox"/>
7				_____ _____ _____	<input type="checkbox"/>
8				_____ _____ _____	<input type="checkbox"/>

Signature: _____ Date: _____
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\* Check Fully Eligible column if all terms of your contract with Mare's Owner/Agent have been full-filled at time of this filing.  
 Must be postmarked by December 15<sup>th</sup> of current year.

**Mail to:** IDHSNA Member Services, 4037 Iron Works Parkway, #160, Lexington, KY 40511



# Irish Draught Horse Society of North America, Inc. Stallion Breeding Report

Covering Year \_\_\_\_\_

*Continued from page 1*  
 Stallion's Name: \_\_\_\_\_ IDHS(NA) No. \_\_\_\_\_  
 Owner/Agent reporting: \_\_\_\_\_

	Mare's Name	Regist.#	Date Covered or Semen Shipped	Mare Owner/Agent's Name & Address	* Fully Eligible
9				_____ _____ _____	<input type="checkbox"/>
10				_____ _____ _____	<input type="checkbox"/>
11				_____ _____ _____	<input type="checkbox"/>
12				_____ _____ _____	<input type="checkbox"/>
13				_____ _____ _____	<input type="checkbox"/>
14				_____ _____ _____	<input type="checkbox"/>
15				_____ _____ _____	<input type="checkbox"/>
16				_____ _____ _____	<input type="checkbox"/>
17				_____ _____ _____	<input type="checkbox"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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