



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

Covering Year

Stallion's Name: IDHSNA No.
 Owner/Agent reporting:
 Address:
 City: State: Zip:
 Phone: Mobile: Fax:

	Mare's Name	Regist.#	Date Covered or Semen Shipped	Mare Owner/Agent's Name & Address & Email	*Fully Eligible
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Signature: _____ Date: _____

* 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 15th of current year.
 Mail to: IDHSNA, 4617 Store Lane, Stevensville, MT 59870



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	Mare's Name	Regist.#	Date Covered or Semen Shipped	Mare Owner/Agent's Name & Address & Email	* Fully Eligible
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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