



AUSTRALIAN MINIATURE PONY SOCIETY INC.

ABN 89 501 336 192

CERTIFICATE OF SERVICE

This Certificate MUST ACCOMPANY any application for Foal Recording of the resultant Foal.

Name of Mare: _____ Name of Stallion: _____

Reg. No: _____ Ht: _____ Reg. No: _____ Ht: _____

Brands: N/S: _____ O/S: _____ Brands: N/S: _____ O/S: _____

Micro – Chip Number: _____ Micro – Chip Number: _____

Colour: _____ Colour: _____

Name of Owner of Mare: _____

Address of Owner of Mare: _____

FROM	(All dates on which the Mare was served)	TO

I certify that the above information and descriptions are correct:

Signature of owner of Stallion (or his/her agent): _____ Date: ____/____/____

Stud: _____

Address: _____

Please forward all relevant forms & fee to:
AMPS® PO Box 431, Shellharbour City, NSW, 2529 or
Email: janelle@lbcentre.com.au
Members are advised to keep a copy for their own records.