

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:		N	Name of Stallion:		
Reg. No:		F	Reg. No:	Ht:	
Brands: N/S:	O/S:_	E	3rands: N/S:	O/S:	
Micro – Chip Number:		N	/licro – Chip Number:		
Colour:		(Colour:		
Name of Owner of Mare: _					
Address of Owner of Mare:					
	FROM	(All dates on which the	Mare was served)	ТО	
	l cer	ify that the above information	n and descriptions are corre	ct:	
Signature of owner of Stalli	on (or his/her age	nt):		Date://	
Stud:					
Address:					
		Please forward all relev	vant forms & fee to:		

Australian Miniature Pony Society Inc. (LBC) - PO Box 189, Kiama NSW 2533