

Stallion Breeding Report

American Tobiano Overo Association

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This stallion must be listed with ATOA for breeding and have DNA genetic markers and health panel testing on file prior to the registration of foals. You may purchase those below.

Name of Stallion: _____

Registration Number: _____ ATOA No _____

Registered Owner: _____

Address: _____

City: _____ State _____ Zip code: _____

Daytime Phone: _____ Email: _____

1. Paint stallion owners should list all mare exposed weather Paint, Quarter Horse.
2. If the mare did not conceive using one method and she was rebred to the stallion using some other method, each different exposure should be listed on the report.
3. List first and last dates of exposure to the stallion, exact dates are preferred to date ranges.
4. Specify method of breeding. P=pasture, H=hand, A=Artificial Insemination, S=Transported Semen, F=frozen, E=Embryo transfer
5. ALL BREEDINGS WILL BE RELEASED UPON SUBMISSION UNLESS OU INITIAL THE "DO NOT RELEASE"
6. Stallion must have their 6-panel genetic health test results (HYPP,HERDA,GBED, MH, PSSM1, &OLWS) on file before foals born in 2019 and beyond can be registered.

Registered Name of Mare Bred (see 1 or 2 above)	Registration #	Recorded owner Of Mare	Breeding Method	Date Exposed First	Date Exposed Last	DO Not Release

I do certify that the mares listed in the chart above were exposed to this stallion during the CALENDAR YEAR of: _____

Fees:	Member Rates	Non-Member
___ stallion listing fee (one time)	\$100.00	\$110.00
___ Report Filing Fee	\$10.00	\$15.00
___ Per Mare Fee	\$5.00	\$10.00
___ Late Fee (after Nov 30)	\$15.00	\$20.00

Payment Method

☐ Check or Money Order enclosed (DO NOT SEND CASH) make checks payable to: ATOA

Check Processing in the event that your check is returned unpaid for insufficient or uncollected funds. We may present your
Check electronically.

☐ Master Card ☐ Visa ☐ American Express

If paying by credit card, please complete the following

Card No#: _____ Exp Date: ____/____

CVV #: _____ Name of Cardholder: _____

ATOA Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

Email: _____

Signature: _____