



American Tobiano Overo Association (ATO)

Stallion Breeding Report

This report must be submitted for each enrolled stallion to ensure foal eligibility for ATOA registration and incentive programs, including Breeders Legacy.

Incomplete or late reports may affect foal eligibility.

I. Stallion Owner / Authorized Agent Information

- Owner or Authorized Agent Name: _____
- Farm / Ranch / Business Name: _____
- Mailing Address: _____
- City / State / ZIP: _____
- Phone: _____ Email: _____
- ATOA Membership Number: _____

II. Stallion Information

- Stallion Registered Name: _____
- ATOA Registration Number: _____
- Other Registry (APHA, AQHA, etc.): _____
- Other Registry Number: _____
- Breeding Enrollment Year: 2026 2027 Other: _____

Stallion must be properly enrolled for the listed breeding year.

III. Breeding Summary

- Total Number of Mares Bred: _____
- Breeding Method(s) Used: Live Cover AI Embryo Transfer Frozen Semen

IV. Mare Breeding Information

List all mares bred to this stallion during the enrolled breeding year.

Mare Registered Name	Registry	Registration Number	Owner Name	Breeding Date(s)
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Attach additional pages if necessary.

V. Foal Eligibility Notice

Foals resulting from the above breeding's are eligible for ATOA registration and incentive programs **only** if:

- The stallion was properly enrolled for the breeding year
- This Stallion Breeding Report is submitted by the required deadline
- Foal registration and any applicable nomination requirements are met

VI. Fees (if applicable)

- **Breeding Report Fee:** \$ 25.00 yearly
- **Late Fee (if applicable):** \$10.00
- **Total Enclosed:** \$ _____

Payment Methods Accepted: Check Money Order Other (as approved by ATOA)

VII. Certification & Signature

I certify that the information provided in this Stallion Breeding Report is complete and accurate to the best of my knowledge. I understand that submission of false or incomplete information may result in loss of foal eligibility or other disciplinary action under ATOA rules.

- **Signature:** _____
- **Printed Name:** _____
- **Date:** _____

VIII. Office Use Only (ATOA)

- **Date Received:** _____
- **Report Complete:** Yes No
- **Enrollment Verified:** Yes No
- **Reviewed By:** _____
- **Notes:** _____

Submit completed form to:

American Tobiano Overo Association (ATOA)

Email: atoapaints@gmail.com

Website: Atoapaints.com

Physical Address: 789 W M-113, Kingsley, MI 49649

Phone: 231-620-4042