



ANNUAL STALLION BREEDING REPORT

FOR YEAR _____

Stallion name and registration # _____ Association _____

Owner's name _____ Farm, ranch, LLC, etc _____

Name of mare bred	Breed	Reg. # (if applicable)	Owner of mare at time of service	Dates mare was exposed	Check if by shipped or frozen semen	Check if embryo transfer	Confirmed pregnancy YES or NO
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1. _____

Mare owner's address _____ Ph number _____ Email address _____ Required

2. _____

Mare owner's address _____ Ph number _____ Email address _____ Required

3. _____

Mare owner's address _____ Ph number _____ Email address _____ Required

4. _____

Mare owner's address _____ Ph number _____ Email address _____ Required

5. _____

Mare owner's address _____ Ph number _____ Email address _____ Required

Signature of Stallion owner _____ Date _____ ALL REPORTS MUST BE FILED BY NOVEMBER 30TH

Address _____ Daytime Phone # _____ Email _____

Please mail reports to: PO Box 3313 ~~ Glen Rose, TX 76043 OR submit to: DraftCrossRegistry@gmail.com For questions, email or call 970-310-1383

CC# _____ - _____ - _____ Exp. ____ - ____ CVC code _____ Billing postal code _____

Please remit \$45 filing fee. If submitted after November 30th, a \$25 late fee applies. **DAM OWNER EMAIL AND/OR PH. NUMBER IS REQUIRED FOR PROCESSING**
 Your own list or file may be attached in lieu of this listing. Be SURE to include ALL necessary info as outlined above. Original signature must appear on this page



American Draft Cross Registry

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