Illinois Paint Horse Association - Stallion Service Sale Re-Breed Form

Mare Owner Information		
Name:		
Address:		
City:	State:	Zip Code:
Email Address:		
Phone Number (Please include area code):		
Mare Information		
Registered Name:		
Registration Number:		O APHA 🗆 AQHA 🗆 JC
Stallion Information		
Stallion Owner's Name:		
Stallion Owner's Phone Number (please include area	code)	
Registered Name:		
Registration Number:		🗆 APHA 🗆 AQHA 🗆 JC
Reason for Re-Breed (applicable for one year only)	
Unclean or produced a lethal white foal		
□ Mare is deceased resulting in the death of he	r foal	
□ Substitute Mare		
Note: Please include a copy of the signed and date the rebreed listed above by August 15 th of foaling		e DVM certifying the reason for

Return this completed form along with your DVM letter to:

IPHA Breeders Futurity Committee, c/o: Carri Hansen, 2929 N. 400 East Road, Clifton, IL 60927; (217) 781-0181