

International Quarter Pony Association

Stallion Service Report

Registered Name of Stallion:		
Registration Association(s) and Number(s):		
Registered Owner:	Phone:	
Contact Email:		
Use one form per stallion. Stallion owner shoul	ld send completed fo	rm no later than December 31 st .
The above Stallion was exposed to the mares lis	sted below during th	e (year) breeding season.
Name of Mare(s)	Registered O	wner Dates
I certify that the above information is true and o	complete to the best	of my ability:
D Signature of Owner or Authorized Agent		Date:
	3.5	
Fees: \$10 for QPA Members, \$25 for Mail to: International Quarter Pon 15618 SW Farmer Way Sherwood, Oregon, USA 9714	y Association	PayPal: IQPA.Service@Gmail.com
Or scan the form and Email as an a	attachment to:	IQPA.Service@Gmail.com