



P.O. Box 364 Norwood, Ontario, Canada, K0L 2V0      705-872-8555      appaloosa@nexicom.net

*Please read all instructions carefully. Complete this form in ink or type written. A delay in processing will result if application is not complete.*

**Stallion Breeding Report for Breedings During the Year** \_\_\_\_\_

Fees: a) If Received by November 30 of the breeding year → **Member: \$25.00 plus \$3.00/mare** → Non-member: \$70.00 plus \$5.00/mare    **Fees Subject to Change**  
 b) If Received after November 30 of the breeding year → Member: \$50.00 plus \$6.00/mare → Non-member \$140.00 plus \$10.50/mare

**STALLION'S NAME:** \_\_\_\_\_ # \_\_\_\_\_ -  
**SIRE:** \_\_\_\_\_ # \_\_\_\_\_  
**DAM:** \_\_\_\_\_ # \_\_\_\_\_

NAME OF MARE BRED	BREED & NUMBER	MARE OWNER AT TIME OF SERVICE	BREEDING INFORMATION
			Dates Exposed: _____ <input type="checkbox"/> Natural (Hand) Service <input type="checkbox"/> Semen Transport <input type="checkbox"/> Pasture Bred <input type="checkbox"/> Artificial Insemination
			Dates Exposed: _____ <input type="checkbox"/> Natural (Hand) Service <input type="checkbox"/> Semen Transport <input type="checkbox"/> Pasture Bred <input type="checkbox"/> Artificial Insemination
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**Certification:** I hereby certify that this information is true, correct, and completed in accordance with the ApHCC Constitution, Bylaws, Regulations and Rules. The above mares were bred to this stallion on the day(s) shown and to the best of my knowledge and belief, these mares contain no Draft, Pony, Albino or Pinto breeding and this stallion is not a monorchid or cryptorchid. The submission of this signed document or application is deemed to be the consent to use your Personal Information pursuant to the ApHCC Privacy Statement which is available on line at [www.appaloosa.ca](http://www.appaloosa.ca) or by request from the ApHCC office.

**Date:** \_\_\_\_\_  
**Signature of stallion owner:**   X        **or Signature of authorized agent:**   X    
**Print name of stallion owner:** \_\_\_\_\_      **Print Name of agent:** \_\_\_\_\_  
**Address:** \_\_\_\_\_      **Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_      **Phone Number:** \_\_\_\_\_ (01-2012)

Filed by ApHCC on the _____ day of _____, in the year _____	
<input type="checkbox"/> Cheque <input type="checkbox"/> Money-Order <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
CREDIT CARD # _____	EXPIRY DATE: _____ CVV # _____
SIGNATURE: _____	