



**CERTIFICATE OF COVERING BY STALLION**

**NAME OF STALLION** \_\_\_\_\_

Reg. No \_\_\_\_\_

**NAME OF STALLION OWNER** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**NAME OF MARE** \_\_\_\_\_

Reg. No \_\_\_\_\_ Breed Society \_\_\_\_\_

SIRE \_\_\_\_\_ Reg. No and Breed Society (if registered) \_\_\_\_\_

DAM \_\_\_\_\_ Reg. No and Breed Society (if registered) \_\_\_\_\_

**NAME OF MARE OWNER** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**SERVICE DATES** \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Name of Stallion Owner/Importer of Frozen/Chilled Semen

**WHITE - IDHSNA**

**YELLOW - MARE OWNER**

**PINK - STALLION OWNER**

**STALLION OWNERS:** Original Form is preprinted as 3-copies, in 3 colors. Please print three copies, complete and retain one (PINK) copy for your records; send one copy (YELLOW) to Mare Owner, and, send one (WHITE) to:

**IDHSNA Member Services, 4617 Store Ln., Stevensville, MT. 59670**  
ph: 406-540-2199 / email: IDHSNA@hotmail.com