



CERTIFICATE OF COVERING BY STALLION

NAME OF STALLION: _____

Registration No.: _____

NAME OF STALLION OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

NAME OF MARE: _____

Registration No.: _____ Breed Society: _____

Name of Sire: _____ Reg. No. and Breed Society (if Registered): _____

Name of Dam: _____ Reg. No. and Breed Society (if Registered): _____

NAME OF MARE OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

SERVICES 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 copy (WHITE) to:

IDHSNA Registrar & Member Services, PO Box 446, Bunnlevel, North Carolina 28323
Phone: 406-540-2199 / email: IDHSNA@hotmail.com