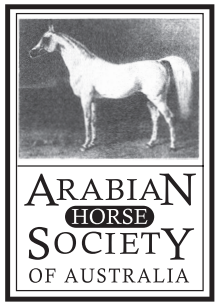


ABN 12 001 281 590

STALLION RETURN 2010 / 2011

FOR ALL MARES SERVED OR ARTIFICIALLY INSEMINATED 1/8/2010 - 31/7/2011
WHETHER OR NOT IT IS BELIEVED THE MARE IS IN FOAL

THIS FORM MUST BE FORWARDED TO THE SOCIETY PRIOR TO 31/7/2011

IF RECEIVED AFTER 1/8/2011 ***A PENALTY FEE OF $55 WILL APPLY***

NAME OF STALLION: ..... REG. NO.: .....

NUMBER OF STRAWS OF SEMEN STORED AS AT 31/7/2011 (if applicable) .....

Locked Bag No.6, Windsor NSW 2756 • 02 4577 5366 • www.ahsa.asn.au

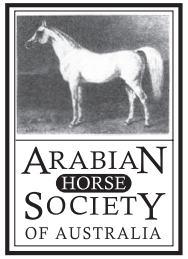
NAME OF MARE	REG No. (IF MARE IS NOT REGISTERED WITH A.H.S.A. PLEASE SUPPLY COPY OF PAPERS)	1ST SERVICE / INSEMINATION DATE OR DATE PLACED IN PADDOCK	LAST SERVICE / INSEMINATION DATE OR DATE REMOVED FROM PADDOCK	SERVICE TYPE NATURAL / A.I. /E.T./ PADDOCKED	COLOUR OF MARE	NAME OF MARE OWNER

Owner / Lessee of Stallion: ..... Address: ..... Telephone No.: (.....) .....

I .....certify that the particulars above and over the page are correct to the best of my knowledge and details of all mares (including those that the owners did not want any paperwork) that were served have been included. Failure to list ALL mares will result in parentage verification of the resultant foals and their dams at the stallion owners expense.

Member No.: ..... Signature: ..... (MUST be signed as per Form Of Authority - if applicable.) Date: .....

STALLION RETURNS MUST BE LODGED WITH THE SOCIETY PRIOR TO 31ST OF JULY EACH YEAR. FAILURE TO COMPLY WILL RESULT IN THE DNA PARENTAGE VERIFICATION OF THE RESULTING FOAL PRIOR TO REGISTRATION AT THE STALLION OWNERS EXPENSE.



Please supply a self addressed stamped envelope and complete the following in order to obtain confirmation of confirmation of receipt of your 2010 / 2011.

Members Annual Stallion Return:

Name: ..... Membership: .....

Postal address: .....

Office use only - Date received: .....

Name of Stallion: ..... Reg. No. .....