STALLION RETURN 2008 / 2009

SE

ABN 12 001 281 590

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	LAST SERVICE / INSEMINATION DATE	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.

ARABIAN HORSE SOCIETY OF AUSTRALIA

Please supply a self addressed stamped envelope and complete the following in order to obtain confirmation of confirmation of receipt of your 2008 / 2009.

Members Annual Stallion Return:

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

Postal address: .....

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

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

STALLION RETURN 2008 / 2009

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ARABIAN HORSE SOCIETY OF AUSTRALIA

ABN 12 001 281 590

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

NAME OF MARE	REG No. (IF MARE IS NOT REGISTERED WITH A.H.S.A. PLEASE SUPPLY COPY OF PAPERS)	1ST SERVICE / INSEMINATION DATE	LAST SERVICE / INSEMINATION DATE	SERVICE TYPE NATURAL / A.I. / BOTH PADDOCKED	COLOUR OF MARE	NAME OF MARE OWNER