



BREEDER'S CERTIFICATE & STALLION SERVICE REPORT AUTHORIZATION

Please specify:

Breeding season of _____ through breeding season of _____
year year

Stallion Name: _____ Registration #: _____

Recorded Owner(s)

Name(s) of person(s) authorized by the recorded owner(s) to sign Breeder's Certificates and Stallion Service Reports for the above named stallion:

Please specify if all signatures are required or if only one signature is needed by circling either "and" or "or".

- 1. _____ (and / or)
- 2. _____ (and / or)
- 3. _____ (and / or)
- 4. _____ (and / or)

Signature(s) of recorded owner(s) or authorized agent(s) are required on the lines below:

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Return completed form by email to saddlebred@asha.net, fax to 859-259-1628 or mail to:

ASHBA
4083 Iron Works Parkway
Lexington, KY 40511