

PART A. Must always be filled in

REPORTING PERSON'S PHONE NUMBER:

Journal no. (For stallion owner's personal use)

REPORTING PERSON'S NAME AND ADDRESS:

Date

Signature (I hereby declare that the below information is true).

Reporting 14 days after 1st covering at the latest.

PART B. Is filled in firsttime the mare is covered by the stallion concerned.

PART B. 1st covering

STALLION IDENTITY NO.:	NAME:
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MARE IDENTITY NO.:	NAME:
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If the mare is not registered at the National Centre, Horses, a copy of her original registration papers must be enclosed.

Is the mare pedigree known? Yes No App. year of birth of mare _____

MARE OWNERS PHONE NUMBER:	MARE OWNER'S NAME:
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STREET ADDRESS.:	CITY/STATE:
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POSTAL CODE.:	COUNTRY:
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DATE OF COVERING (day, month, year)	COVERING METHOD:	4 Insemination, fresh semen
	1 Covering, mare to stallion station	5 Insemination, transported semen
	2 Covering, transport of stallion	6 Insemination, frozen semen
	3 Stud stallion	7 Egg transplantation

PART C. Is filled in for mares for which 1st covering has previously been reported.

PART C. Reproductions events

REPRODUCTION EVENTS:							
HORSE IDENTITY NO.:	HORSE NAME:	EVENT DATE:	MARK REPRODUCTION EVENTS:				STATE ADDITIONAL CODES:
			3	10	13	14	
			3	10	13	14	
			3	10	13	14	
			3	10	13	14	
			3	10	13	14	
			3	10	13	14	
			3	10	13	14	
			3	10	13	14	
			3	10	13	14	
			3	10	13	14	

Report to National Centre, Horses