

Registrar: Catherine Crosado 1173 Telegraph Road, RD 1 Christchurch 7671, New Zealand

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**ANNUAL MARE RETURN 2021 2022 Season Your Prefix:**

**Record of Mares Covered By A Registered Stallion in the last 12 months due to FOAL NEXT BREEDING SEASON**

* The attention of breeders is directed to the **COMPULSORY RETURN** of this form to the Registrar on or before **31ST JULY EACH YEAR**.
* This Return enables the Society to maintain accurate records as to state and strength of the Shetland Pony Breed within New Zealand.

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| **Names of Mares Covered by a Stallion last Season** | **Reg No.** | **Name of Stallion which covered this mare this season.**  **If covered by more than one stallion give details of all services** | **Reg no. of covering stallion** | **Date last served** | **Expected Due Date of Foal** |
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*I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the foregoing particulars are, to the best of my/our knowledge and belief, true in every respect, and I/we make this declaration after having taken all available means to satisfy myself/ourselves of their accuracy.*

BREEDER’S NAME: DATE:

ADDRESS:

 SIGNATURE: **Record of foals born in last season**

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| **Name of Foal****(pending or registered)** | **Foal Registered****Yes/No** | **Date Foal Born** | **Reg No** | **Sex of Foal** | **Dam of Foal** | **Reg No. of Dam** | **Sire of Foal** | **Reg no. of Stallion** |
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BREEDER’S NAME: DATE:

ADDRESS:

 SIGNATURE: