



The International Spanish Warmblood
Horse Association[™]

OFFICE USE ONLY

Date Received: _____

Approved by : _____

Annual Stallion Report

(One stallion per report)

Breeding Year _____

Stallion Name: _____ ISWHA Registration # _____

Mares Bred

Registered Name	Breed And Registration Number	Mare Owner's Name and Address	Type of Cover P= Pasture H= Hand served CS= Cooled semen FS= Frozen semen	Dates of Service *Include entire duration of Pasture exposure*	Pregnancy confirmed? Date of ultrasound or palpation	OFFICE USE ONLY	
						Foal Name Reg. #	Inspected Approved

Declaration: I hereby certify that the above named Mares were bred to this Stallion on the day(s) shown.

_____ + _____ + _____
 Owner Surname Given Names Phone Landline Phone Mobile

 Full postal address Zip/postcode State/County Country

_____ / _____ / _____
 Membership # Signature Date (dd/mm/yyyy)