



Certificate of Service – Outcross for Mares

Morgan Horse Association of Australia Inc.

NAME OF MARE: _____

Blood Type/DNA No. _____ Reg. No. _____

Owner: _____

Address: _____

NAME OF STALLION: _____ Reg. No: _____
(if applicable)

Owner: _____

Address: _____

Description of Stallion: _____ Age: _____ Breed: _____

Colour: _____

Brands/markings, etc. _____

Type of Service (please tick box)	<input type="checkbox"/> Hand Service	<input type="checkbox"/> Paddock Service
	<input type="checkbox"/> Artificial Insemination	<input type="checkbox"/> Embryo Transfer

Date/s of service (if paddock served, inclusive dates): _____

Mare left stud with (please tick box)	<input type="checkbox"/> Positive test	<input type="checkbox"/> Scan
	<input type="checkbox"/> Negative test	<input type="checkbox"/> Not tested

Date: Mare Owner's Signature:

Date: Stallion Owner's Signature:

**Stallion owner to retain one WHITE copy.
PINK, BLUE & WHITE copies to go to Mare owner to be forwarded with necessary forms to MHAA.
It is Mare owner's responsibility to lodge this form & Stallion Report prior to June 30.
Late lodgement fees apply.**

Post to:
Part Bred Registrar, Morgan Horse Association of Australia, PO Box 69, Mt Beauty, Vic. 3699