



Certificate of Service

Morgan Horse Association of Australia Inc.

NAME OF STALLION: _____

Blood Type/DNA No. _____

Reg. No. _____

Owner: _____

Address: _____

NAME OF MARE: _____ Reg. No: _____

(if applicable)

Owner: _____

Address: _____

Description of Mare: _____ 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:

Stallion Owner's Signature:

**Stallion owner to retain WHITE copy and forward BLUE copy to MHAA.
 PINK copy to go to Mare owner to be forwarded with Notification of Birth of Foal form to MHAA.
 Late lodgement fees apply after 30 June.**

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