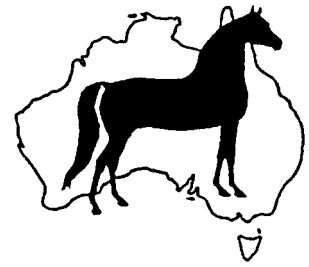




Morgan Horse Association of Australia Inc.



Certificate of Service

NAME OF STALLION: _____

DNA No. _____ AMHA Reg. No. _____

Owner: _____

Address: _____

NAME OF MARE: _____

DNA No. _____ AMHA Reg. No. _____

Owner: _____

Address: _____

Description of Mare: _____ Age: _____ 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 YELLOW copy to MHAA with Stallion Report. GREEN copy to go to Mare owner to be forwarded with Notification of Birth of Foal form to MHAA

Post to:
Registrar, Morgan Horse Association of Australia, PO Box 7108, Upper Ferntree Gully, Vic. 3156