



STALLION RETURN 2016/2017

To be returned to: The Arabian Horse Society of Australia Limited
 ABN 12 001 281 590

Post Office Box 415 RICHMOND NSW 2753 Telephone: 02 4577 5366 Email: breeding@ahsa.asn.au

FOR ALL MARES SERVED OR ARTIFICIALLY INSEMINATED 1/8/2016 TO 31/7/2017 • WHETHER OR NOT IT IS BELIEVED THE MARE IS IN FOAL
 THIS FORM SHOULD BE FORWARDED TO THE SOCIETY PRIOR TO 31/7/2017

REGISTERED NAME OF STALLION:**REGISTRATION NUMBER:**

NUMBER OF STRAWS OF SEMEN STORED AS AT 31/7/2017 (If Applicable):

Registered Name of Mare	Registration Number of Mare <small>If not AHSA Registered please supply a copy of papers.</small>	First Service/ Insemination Date or Date Placed in Paddock	Last Service/ Insemination Date or Date Placed in Paddock	Service Type: AI / ET / Natural / Paddock	Colour of Mare	Name Of Mare Owner

Owner/Lessee of Stallion: Of Address: And Telephone:

Icertify that the particulars above and over the page are correct to the best of my knowledge and details of all mares (including those that the owners did not want any paperwork) that were served have been included. Failure to list ALL mares will result in parentage verification of the resultant foals and their dams at the stallion owners expense.

Member Number:..... Signature: (MUST be signed as per Form Of Authority - if applicable) Date:

STALLION RETURNS SHOULD BE LODGED WITH THE SOCIETY PRIOR TO 31ST JULY EACH YEAR. FAILURE TO COMPLY WILL RESULT IN THE DNA PARENTAGE VERIFICATION OF THE RESULTANT FOAL(S) PRIOR TO REGISTRATION AT THE STALLION OWNERS EXPENSE.

<p><u>OFFICE USE ONLY</u></p> <p>Date Received:</p>	<p>Please supply a stamped, self addressed envelope and complete the following in order to obtain confirmation of receipt of your 2016/2017 Stallion Return.</p> <p>Stallion Name: Stallion Registration Number:</p> <p>Name: Membership Number:</p> <p>Postal Address:</p>	
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