

Mountain Pleasure Horse Stallion Breeding Record

Name of Stallion _____ Name of Mare _____

MPHA # _____ MPHA# _____

Name Of Owner _____ Name of Owner _____

Address _____ Address _____

Telephone _____ Telephone _____

Signature Of Stallion Owner or Agent _____

Breeding Date(s) _____ Reservice Date(s) _____

AI _____ Embryo Transplant _____ Received by MPHA _____

THIS RECORD MUST BE RECEIVED BY REGISTRAR WITHIN 65 DAYS OF LAST SERVICE

Mail To: MPHA P.O. Box 33 Wellington KY 40387
Association Copy

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Mare Owner Copy

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Stallion Owner Copy