

Report
of
COVERING

Name of MARE: _____

Covering STALLION/s: **(1)** _____

(2) _____

Covering Dates:

Stallion (1) First Service Date: _____

 Last Service Date: _____

Stallion (2) First Service Date: _____

 Last Service Date: _____

I further certify that the mating was natural and did not involve the processes of Artificial Insemination, Embryo Transfer or Transplant, Cloning, or any other form of genetic manipulation.

Name of Stallion Owner

Name of Agent (if any)

Signature (Owner / Authorized agent)

Date