

REPORT OF FOALING

Name of MARE: _____

Covering STALLION/s: _____

Details of birth:

Colour & sex of foal: _____

Date of Birth: _____

Place of Birth: _____

PARISH: _____

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 Mare Owner

Address

Signature

Date