



Stallion Breeding Return Form

Return form to:

AIMHCNZ Registrar: Linda Jackson

93 Manutahi RD, RD 2, New Plymouth 4372

Or email

aimhcnz.registrar1@gmail.com

- **This return is to be completed by the Stallion owner(s)/lessee, in respect of ALL INSTANCES WHERE A MARE WAS EXPOSED TO ONE OR MORE STALLIONS IRRESPECTIVE of whether or not a breeding is thought to have occurred and/or pregnancy resulted.**
- **Complete a SEPARATE return for EACH STALLION.**
- **Form to be returned to the registrar before 31 July.**
- **Day/Month/Year to be entered.**

Registered name of Stallion:

AIMHCNZ Registration Number: _____

Owner/Lessee Name: _____

Address: _____

_____ Phone: _____

Email: _____

	Reg name of mare bred.	Reg #	Name of reg owner/lessee of Dam at time of service.	Hand or pasture bred.	Dates mare exposed to stallion. To.....From
1					
2					
3					
4					
5					

Declaration:

I/We hereby certify that all information supplied in relation to this return is true and correct to the best of my/our knowledge. Furthermore I/We accept that once this return has been lodged there will be no refund of any fees if I/We choose to withdraw this return.

Signature(s) of owners/Lessees:

Note: Signature of parent or guardian if applicant aged under the age of 18yrs. (all to sign)

Date: _____

