

Stallion Breeding Report



American Paint Horse Association

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Office use only

Date recd.: _____ Date entered.: _____

By: _____

Stallion Breeding Reports must be postmarked by November 30th of the breeding year. Postal Meters not accepted.

For stallions standing south of the equator, this report must be filed on or before the 31st of May of the breeding year.

- ♦ The stallion must be listed for breeding and have DNA genetic markers on file prior to the registration of any foals. To obtain a DNA genetic test kit, please contact the Field Services representative.
 - ♦ Paint stallion owners should list all mares exposed, whether Paint, Thoroughbred or Quarter Horse. Thoroughbred or Quarter Horse stallions will only report Paint mares.
 - ♦ If the mare did not conceive utilizing one method and she was rebred to the stallion using some other method, each different exposure should be listed on the report.
 - ♦ If pasture bred, give the date the mare was turned into the pasture and the date she was taken out of the pasture.
- Give exact date(s) bred – if more than one service is received by a given mare using

Name of Stallion: _____

Registration Number: _____

Registered Owner: _____ APHA I.D. Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime Phone: _____ E-mail: _____

I do certify that the mares listed below were exposed to this stallion during the calendar year of: _____

Recorded Owner or Authorized Agent Signature: X _____

Registered Name of Mare Bred	Registration Number	Recorded Owner of Mare	Breeding Method	Date First Exposed	Date Last Exposed	Release of Breeding
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

the same method, be sure to list the first and last dates of exposure. (When issuing a Breeder's Certificate to mare owners, be sure the dates correspond with those reported on this form).

Specify method of breeding:

- P=Pasture
- H=Hand
- A=Artificial Insemination
- S=Transported Semen
- F=Frozen Semen
- E=Embryo Transfer

♦ Stallion owners using transported cooled/frozen semen must apply and pay for a Transported Cooled/Frozen Semen permit prior to use of semen. They should also list the date(s) the mares were inseminated, not the date the semen was shipped. (These dates should be listed on the mare insemination reports provided to you by the mare owners.)

Release of Breeding

♦ If all mare owner requirements and financial obligations have been met, you can release the breeding by initialing the *Release of Breeding* column. Your initials will authorize APHA to register the foal without your signature on a Breeder's Certificate.

Membership

♦ In order to take advantage of reduced member rates, membership must be held or purchased in the exact name as that which the sire is owned at the time of breeding. Memberships begin in the month in which the report is postmarked.

♦ Fees subject to change without notice.

Fees Member Rate

<input type="checkbox"/> Stallion Listing Fee (one-time fee)	\$75
<input type="checkbox"/> Report Filing Fee	\$10
<input type="checkbox"/> Per Mare Fee	\$5
<input type="checkbox"/> Late Fee (after November 30)	\$25
<input type="checkbox"/> Add a Mare Fee	\$10
<input type="checkbox"/> DNA Kit Request	\$60

Membership Levels

- One-Year—\$40 Three-Year—\$90
- Five-Year—\$150 Lifetime—\$500
- Junior One-year—\$20
(Age 18 or younger) Birthdate: ____ / ____ / ____
- Junior Three-year—\$40
(Age 18 or younger) Birthdate: ____ / ____ / ____
- J-Term—\$100
(Good through age 18) Birthdate: ____ / ____ / ____

Total Amount Due

- Stallion Listing Fee: \$ _____
- Report Filing Fee: \$ _____
- Per Mare Fee: \$ _____
- Late Fee: \$ _____
- Add a Mare Fee: \$ _____
- DNA Kit Request: \$ _____
- Membership Dues: \$ _____
- TOTAL:** \$ _____

Check or Money Order enclosed. *Do not send cash*

Check Processing Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically.

MasterCard VISA American Express

If paying by credit card, please complete the following.

Card No.: _____

Exp. date: _____ CVV#: _____

Name of Cardholder: _____

APHA I.D. No.: _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime phone: _____

E-mail: _____

Signature: X _____