



AMHS/AMPR/ASPA/ASFR

ANNUAL STALLION BREEDING RETURN AMHS/AMPR/ASPA/ASFR

No Work Order Required

Stallion Returns MUST be postmarked on or before 1st August

BREEDING YEAR: _____ - _____

Registered Name of Stallion: _____ Registration No: _____

Current Owner/Lessee: _____ Membership No: _____

	Registered Name of Mare Bred	Owner of Mare Bred	Mares Registration Number	Paddock (P) or Hand (H) served	Dates mare was exposed. If paddock bred, give dates IN and OUT of paddock.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I/We certify that the above information is, to the best of my knowledge correct and mares were exposed to this Stallion on the dates shown above.

Stallion Owner/s Signature: _____ Date: ____/____/____

A receipt will be issued for each Stallion Return received. If you have not received your receipt within 21 days please email: admin@amhs.com.au

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