

IRISH DRAUGHT HORSE SOCIETY (NZ)

CERTIFICATE OF SERVICE

NAME OF STALLION: **Stud Season:**

Name of Mare	Age	Brand	No.s	Pedigree of Mare	Name & Address of Owner	Date of Last Service	Type of Cover	Tested in Foal
				Sire:				
				Dam:				
				Sire:				
				Dam:				
				Sire:				
				Dam:				
				Sire:				
				Dam:				
				Sire:				
				Dam:				
				Sire:				
				Dam:				
				Sire:				
				Dam:				

"I certify that the above information is correct" (Stallion Owner/Agent)
 Name: _____ Signed: _____

Stallion Owner/Agent Address: _____

**PLEASE RETURN THIS FORM TO: The Hon Registrar, Mrs L Spence, Weedons Ross Road
 West Melton, RD6 Christchurch by 31st July _____**

Stallion Owner/Agent Contact Ph: _____