



WESTFALEN NORTH AMERICA

Stallion Service Report

The Stallion _____ Registration Number _____ was bred to the following mares during the year _____

Breeding method codes: LC = Live Cover AI = Artificial Insemination FS = Frozen Semen ET = Embryo Transplant
(Please check methods that apply)

Registered Name of Mare	Breed	Registration Number	Breeding Dates	Code	Owner's Name, Address & Telephone Number

Registered Name of Mare	Breed	Registration Number	Breeding Dates	Code	Owner's Name, Address & Telephone Number

I hereby certify that all mares bred to the above-named stallion during the breeding season of _____ are listed.

SIGNATURE OF STALLION OWNER OR AGENT _____ DATE _____

STALLION OWNER OR AGENT NAME (PRINTED) _____

PLEASE RETURN THIS FORM TO:

Westfalen NA • P. O. Box 429 • Murdo, SD 57559 •

Tel. (605) 669-2200 • Fax (605) 734-8060 Web: www.westfalen-na.com • Email: office@westfalen-na.com