

SHS STALLION COVERING RETURN FOR 2019 COVERING SEASON. THIS FORM MUST BE RETURNED TO THE SHS BY 1ST OCTOBER 2019 FOR GRANT QUALIFICATION.



Stallion Name:

Owner Name:

SHS Reg Id/Stallion Licence No.:

SHS Member No.:

<p>MARE DETAILS Mare Name: SHS Reg Id: Covering method? (please ring): Natural Covering Artificial Insemination Address where mare was covered (Incl. Postcode): Covering Dates: Scanned before leaving stud: YES/NO SCANNED <u>IN FOAL</u> before leaving stud: YES/NO</p>	<p>MARE OWNER DETAILS First Name: Last Name: Address (Incl. Postcode): Covering Certificate given to owner: YES/NO</p>	<p>STALLION OWNER please sign here to certify this is a correct record for this mare:</p> <hr/> <p>For Office Use</p>
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