

SHS STALLION COVERING RETURN FOR 2020 COVERING SEASON. THIS FORM MUST BE RETURNED TO THE SHS BY 1<sup>ST</sup> OCTOBER 2020 FOR GRANT QUALIFICATION.



Stallion Name:

Owner Name:

SHS Reg Id/Stallion Licence No.:

SHS Member No.:

<p><b>MARE DETAILS</b>                      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 <i>IN FOAL</i> before leaving stud: YES/NO</p>	<p><b>MARE OWNER DETAILS</b>                      First Name:                      Last Name:                      Address (Incl. Postcode):                      Covering Certificate given to owner: YES/NO</p>	<p><b>STALLION OWNER please sign here to certify this is a correct record for this mare:</b></p> <hr/> <p><b>For Office Use</b></p>
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