

Stallion Breeding Report



American Paint Horse Association

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Office use only

Date recd.: _____ Date entered.: _____

By: _____

**Stallion Breeding Reports must be postmarked
by November 30th of the breeding year
Postal Meters not accepted**

- ♦ The stallion must be listed for breeding and have DNA genetic markers on file prior to the registration of any foals.
- ♦ Paint stallion owners should list all mares exposed, whether Paint, Thoroughbred or Quarter Horse. Thoroughbred or Quarter Horse stallions will only report Paint mares.
- ♦ The owner or lessee shall file with the Association the stallion's DNA genetic markers, obtained from an Association approved laboratory. To obtain a DNA genetic test kit, please contact the Field Services Department.
- ♦ If the mare did not conceive utilizing one method and she was rebred to the stallion using some other method, all exposures should be listed on the stallion breeding report.
- ♦ A filing fee of \$10 plus \$4 per mare listed must accompany all stallion breeding reports.

Name of Stallion: _____

Registration Number: _____

Registered Owner: _____ APHA I.D. Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime Phone: _____ E-mail: _____

I do certify that the mares listed below were exposed to this stallion on the day(s) shown during the **calendar year of:** _____

Recorded Owner or Authorized Agent Signature: X

Registered Name of Mare Bred	Registration Number	Recorded Owner of Mare	Breeding Method	First Date Exposed	Last Date Exposed	Initial to Release Breeding
1. _____						
2. _____						
3. _____						
4. _____						
5. _____						
6. _____						
7. _____						
8. _____						
9. _____						
10. _____						

- ♦ If you place a stallion breeding report on file and later discover that a error or omission has occurred, mares can be added to your existing report for a fee. Errors made in breeding dates are corrected free of charge.
- ♦ Specify method of breeding. **P=Pasture; H=Hand; A=Artificial Insemination; S=Transported Semen; F=Frozen Semen; E=Embryo Transfer.** If pasture bred, give the date the mare was turned into the pasture and the date she was taken out of the pasture.
- ♦ Give exact date(s) bred – if more than one service is received by a given mare using the same method, be sure to list the first and last dates of breeding. (When issuing a Breeder's Certificate to mare owners, be sure the dates correspond with those reported on this form).
- ♦ Stallions using transported cooled semen must list the date(s) the mares were inseminated, not the date the semen was shipped. (These dates should be listed on the mare insemination reports provided to you by the mare owners.)

Release of Breeding

- ♦ Stallion owners may release breedings when this report is filed. If all mare owner requirements and financial obligations have been met, you can release the breeding by initialing the Release of Breeding column. Your initials will authorize APHA to register the foal without your signature on a Breeder's Certificate.

Membership

- ♦ In order to take advantage of reduced member rates, membership must be held or purchased in the exact name as that which the sire is owned at the time of breeding.
- ♦ Memberships begin in the same month application is postmarked.
- ♦ Fees subject to change without notice.

Fees	Member
<input type="checkbox"/> Stallion Listing Fee	\$75
<input type="checkbox"/> Report Filing Fee	\$10
<input type="checkbox"/> Per Mare Fee	\$4
<input type="checkbox"/> Late Fee (after November 30)	\$25
<input type="checkbox"/> Add a Mare Fee	\$10
<input type="checkbox"/> DNA Kit Request	\$60

Membership Levels

- ☐ One-year—\$35
- ☐ Three-year—\$75
- ☐ Five-year—\$125
- ☐ Lifetime—\$400

Stallion Listing Fee: \$ _____

Report Filing Fee: \$ _____

Mare Fees: \$ _____

Late Fee: \$ _____

Add a Mare Fee: \$ _____

DNA Kit Request: \$ _____

Membership Dues: \$ _____

TOTAL \$ _____

☐ Check or money order enclosed. **Do not send cash.**

Check Processing Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically.

☐ MasterCard ☐ VISA

If paying by credit card, please complete the following.

Card No.: _____

Exp. date: _____

Name of Cardholder: _____

APHA I.D. No.: _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime phone: _____

E-mail: _____

Signature: _____