

# 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. Specify method of breeding. **P=Pasture; H=Hand; A=Artificial Insemination;**

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 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. _____	_____	_____	_____	_____	_____	_____

**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 (onetime fee)	\$75
<input type="checkbox"/> Report Filing Fee	\$10
<input type="checkbox"/> Per Mare Fee	\$5
<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: \_\_\_\_\_