

THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED ONLY BY OWNER (OR LESSEE) OF STALLION TO WHOM MARE WAS BRED
PLEASE USE SEPARATE FORM FOR EACH STALLION



LIST OF MARES BRED 2024

TO BE FILED BY STALLION OWNER

BY SEPTEMBER 1

MUST BE COMPLETE IN EVERY DETAIL
MARE OWNER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE
MUST BE GIVEN. INCOMPLETE FORMS WILL NOT BE ACCEPTED

**COMPLETE INFORMATION IN THIS FORMAT MAY ALSO BE
TRANSMITTED IN AN EXCEL FILE DIGITALLY WITH THIS SIGNED FORM
INDICATING A DIGITAL ATTACHMENT.**

STALLION NAME _____

MARES BRED IN 2024

FOALS WILL BE ELIGIBLE TO SIRE STAKES NO. 66 FOR FOALS OF 2024

STALLION LOCATION _____

- *1. If bred by transported semen, please give state where semen was shipped.
*2. If bred by frozen semen, please give state where semen was shipped.
*3. If embryo transfer, indicate Y for Yes

NAME OF MARE BRED	FIRST BREED DATE	LAST BREED DATE	*1	*2	*3	COMPLETE NAME AND ADDRESS OF MARE OWNER

THIS CERTIFIES THE ABOVE IS ACCURATE AND ALL MARES WERE BRED IN COMPLIANCE WITH NYSS REGULATIONS AND USTA RULE 26, SECTIONS 6 & 7

SIGNED BY _____

TITLE _____

MAIL TO:

Agriculture and New York State Horse Breeding Development Fund
230 Washington Ave. Extension Albany, NY 12203

EMAIL TO:

nyss@caphill.com