

BREEDING CERTIFICATE

This breeding certificate is for a horse being registered as _____ with the HH.
 (1st choice name)

Recorded owner of stallion at the time of breeding	
Name of Stallion _____	Breed of Stallion _____
Stallion is registered with _____	Registration # _____
Base Color _____ Color Modifiers _____	Pattern _____
Owner Name _____	None <input type="checkbox"/> Co-Owner Name _____
Address _____	Address _____
City _____	City _____
State/Province _____ Zip _____	State/Province _____ Zip _____
Country _____	Country _____
Phone _____ Cell _____	Phone _____ Cell _____
Email _____	Email _____
Services provided from _____ to _____	
<input type="checkbox"/> Pasture bred <input type="checkbox"/> Handled/live <input type="checkbox"/> Artificial Insemination on Site <input type="checkbox"/> Transported Semen <input type="checkbox"/> Frozen Semen <input type="checkbox"/> Embryo Transfer	
I hereby certify that I/we was/were the recorded owner(s) of the stallion listed above at the time of breeding the mare listed below.	
Owner Signature _____	Date _____
<small>*Co-ownership requires signature*</small>	
Co-Owner Signature _____	Date _____

Recorded mare owner at time of breeding		Same as stallion owner above YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Mare _____	Breed of Mare _____	
Mare is registered with _____	Registration # _____	
Base Color _____ Color Modifiers _____	Pattern _____	
Owner Name _____	None <input type="checkbox"/> Co-Owner Name _____	
Address _____	Address _____	
City _____	City _____	
State/Province _____ Zip _____	State/Province _____ Zip _____	
Country _____	Country _____	
Phone _____ Cell _____	Phone _____ Cell _____	
Email _____	Email _____	
I hereby certify that I/we was/were the recorded owner(s) of the mare at the time of breeding.		
Owner Signature _____	Date _____	
<small>*Co-ownership requires signature*</small>		
Co-Owner Signature _____	Date _____	

Recorded mare owner at time of foaling		Same as above YES <input type="checkbox"/> NO <input type="checkbox"/>
Owner Name _____	None <input type="checkbox"/> Co-Owner Name _____	
Address _____	Address _____	
City _____	City _____	
State/Province _____ Zip _____	State/Province _____ Zip _____	
Country _____	Country _____	
Phone _____ Cell _____	Phone _____ Cell _____	
Email _____	Email _____	