

BREEDER'S CERTIFICATE & STALLION SERVICE REPORT AUTHORIZATION

Please specify:	
	through breeding season of
year	year
Stallion Name:	Registration#:
Recorded Owner(s)	
Name(s) of person(s) authorized by the r	recorded owner(s) to sign Breeder's Certificates and Stallion Service Reports for
the above named stallion:	
Please specify if all signatures are req	quired or if only one signature is needed by circling either "and" or "or".
1	(and / or)
	(and / or)
3	(and / or)
4	(and / or)
Signature(s) of recorded owner(s) or auth	horized agent(s) are required on the lines below:
	Date
	Date
	Date
	Date

Return completed form by email to **registry@saddlebred.com**, fax to 859-259-1628 or mail to:

ASHBA

4083 Wing Commander Way, Suite 50

Lexington, KY 40511