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AMERICAN  
QUARTER  
HORSE  
ASSOCIATION

# STALLION BREEDING REPORT

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS IN COMPLETING THE FORM, CURRENT FEE SCHEDULES AND DEADLINES.

CHECK HERE IF STALLION STANDS SOUTH OF THE EQUATOR

STALLION'S REGISTERED NAME AND AQHA REGISTRATION NUMBER

AQHA APPENDIX CODE

THOROUGHBRED REG. NUMBER

LOCATION OF STALLION DURING BREEDING SEASON IF DIFFERENT FROM OWNER/LESSEE'S ADDRESS

FARM, RANCH OR STABLE	CITY	STATE	FROM (DATE)	TO (DATE)
FARM, RANCH OR STABLE	CITY	STATE	FROM (DATE)	TO (DATE)

	REGISTERED NAME OF MARE BRED	AQHA REGISTRATION NUMBER	RECORDED OWNER OF MARE AT TIME OF SERVICE	DATES MARE WAS EXPOSED (IF PASTURE BRED, SO STATE, & GIVE DATE IN & OUT OF PASTURE)	<input checked="" type="checkbox"/> IF BRED BY FROZEN SEMEN	<input checked="" type="checkbox"/> IF BRED BY TRANSPORTED SEMEN	YEAR OF BREEDING
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

By submitting this document to AQHA, I hereby agree to be bound by all the terms and conditions of AQHA's Official Handbook of Rules and Regulations.

NAME \_\_\_\_\_ AQHA ID \_\_\_\_\_

SIGNATURE OF RECORDED OWNER, AUTHORIZED AGENT OR LESSEE OF STALLION AT TIME OF SERVICE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE/PROVINCE, POSTAL CODE \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

## FEE SCHEDULE (SEE #9 ON BACK OF FORM)

AQHA MEMBER (if NONMEMBER, see #8 on reverse)

IF POSTMARKED ON OR BEFORE NOVEMBER 30 OF BREEDING YEAR (JUNE 30 SOUTH OF EQUATOR)

Stallion Fee .....\$25  
Mare Fee (\$5 per mare) .....\$5 x \_\_\_\_\_ Mares

IF POSTMARKED DECEMBER 1 OR AFTER OF BREEDING YEAR (JULY 1 SOUTH OF EQUATOR) THERE IS AN ADDITIONAL

LATE FILING FEE OF \$30 PER LATE FILING (not per mare) .....\$30

MEMBERSHIP (per Rule #8) .....\$40

METHOD OF PAYMENT:  VISA  MASTERCARD  AMERICAN EXPRESS  CHECK  MONEY ORDER

DO NOT SEND CASH • U. S. FUNDS ONLY

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL DUE

CARD NUMBER

EXP. DATE

NAME ON CARD

SIGNATURE