New Forest Pony Society of North America, Inc.

REGISTRY – NFPSNA STALLION COVERING RETURN FORM
(ONE STALLION PER PAGE, ADD SHEETS AS NEEDED)

REGISTERED NAME OF STALLION:_____ BREEDING YEAR: _____

REGISTRY: _____ REGISTRATION # _____License/V.C.# _____

COLOR: _____ SIRE:_____ DAM: _____

Please include ALL mares to make it possible to issue both purebred and part-bred registrations from this return.

MARE NAME	REGISTRY & REG NUMBER	BREED	MARE OWNER NAME/ADDRESS	DATES COVERED
1)				
2)				
3)				
4)				
5)				
6)				

~~ OWNER MAY BE HELD LIABLE FOR SUPPLYING WILLFULLY INCORRECT INFORMATION ~~

I HEREBY CERTIFY THAT THE PARTICULARS ABOVE ARE CORRECT TO MY BEST KNOWLEDGE AND BELIEF.

STALLION OWNER(S): _____

ADDRESS: _____ CITY: _____ STATE: _____ZIP: _____

EMAIL: _____ PHONE(S): _____

Stallion Owner Signature: _____ Date: _____

STALLION COVERING RETURNS MUST BE POSTMARKED BY DECEMBER 31ST OF THE BREEDING YEAR

MAIL TO: NFPSNA Registrar, c/o Dallas Grubenmann
Pferde Traum Farm, Box 717, Breton AB T0C 0P0, Canada
T: 780-696-2558

The NFPSNA will not accept responsibility for loss or damaged documents in the US/Canadian Postal service.