



HHAA BREEDING CERTIFICATE

I hereby certify that:

THE STALLION NAMED:

REGISTRATION #:

BREED REGISTRY:

COLOR:

MARKINGS:

SERVED THE MARE NAMED:

REGISTRATION #:

BREED REGISTRY:

COLOR:

MARKINGS:

BY THE FOLLOWING METHOD (CHOOSE ONE):

LIVE COVER ☐

FRESH SEMEN ☐

FROZEN SEMEN ☐

TRANSPORTED SEMEN ☐

ON THESE DATES:

OR, IF PASTURE BRED, WAS EXPOSED TO SAID STALLION FROM:

(MM/DD/YY)

TO (MM/DD/YY)

STALLION OWNER

SIGNATURE

DATE

PRINT NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE 1

PHONE 2

FAX

EMAIL

MARE OWNER

SIGNATURE

DATE

PRINT NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE 1

PHONE 2

FAX

EMAIL