CLYDESDALE HORSE SOCIETY OF NEW ZEALAND (INC)

Please send to: The Secretary
Paul Stroobant, 173 Inland Road, RD 2, Helensville 0875

STALLION SERVICE RETURN

Registration Number of Stallion _____

Registered Name of Stallion _____

Details of Mares

Registration Number	Registered Name of Mare	Registered Name of Owner	Date last Served*

* (If running with stallion indicate actual dates; .e.g. 01/08/2008 to 01/12/2008)
I hereby certify that the above mares were served by this stallion on the date(s) shown or had been running with this stallion within the dates shown.

Date _____ Stallion Owner Signature _____

Stallion Owner Name (Printed) _____

This form is to be sent to the Secretary before 30 April.