

# IRISH DRAUGHT HORSE SOCIETY (NZ)

## CERTIFICATE OF SERVICE

<b>NAME OF STALLION:</b> .....					<b>Stud Season:</b> .....			
Name of Mare	Age	Brand	No.s	Pedigree of Mare	Name & Address of Owner	Date of Last Service	Type of Cover	Tested in Foal
				Sire:				
				Dam:				
				Sire:				
				Dam:				
				Sire:				
				Dam:				
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				Sire:				
				Dam:				
<b>"I certify that the above information is correct" (Stallion Owner/Agent)</b> <b>Name:</b> _____ <b>Signed:</b> _____					<b>Stallion Owner/Agent Address:</b> _____ _____			
<b>PLEASE RETURN THIS FORM TO: The Hon Registrar, Mrs L Spence, Weedons Ross Road</b> <b>West Melton, RD6 Christchurch by 31<sup>st</sup> July</b> _____					<b>Stallion Owner/Agent Contact Ph:</b> _____			