



APPLICATION FOR ELIGIBILITY IOWA REGISTERED STALLION

Enclose \$30 Fee. Copy of National Registration Certificate
Make check payable to IDALS or Iowa Dept. of Ag

Date:

QuarterHorse StandardbredHorse ThoroughbredHorse
(Please check one)

Name of Stallion Color Age

Sire Dam

National Breed Registration # Tattoo Number

Markings: Office will copy markings from National Registration Certificate.

This stallion stood for service the previous year at:
(Farm)
County State Zip

Name of Owner(s)
(all interests must be given)

Address of Owner

Current location of stallion

Statement

All stallions will not stand for service anyplace outside of the state of Iowa during the calendar year in which the foal is conceived.

I certify that the information on this application is correct.

(Owner Signature) (Date Signed)

(Address) (Telephone)

(City) (State) (Zip)

For office use only:
Iowa Registration No.
Issued
By

Mail Application To: Iowa Horse & Dog Program
Iowa Department of Agriculture and Land Stewardship
Wallace State Office Building
502 East 9th Street
Des Moines, IA 50319
Telephone: (515) 281-4103

Additional forms visit our website www.iowaagriculture.gov

Code 90 - \$30 / Form S-1