



CHECK ONE
THOROUGHBRED ()
STANDARD BRED ()
QUARTER HORSE ()

RECORD OF MARES BRED

Date of Report _____ For breeding season of _____
For foals of _____

Name of Stallion: _____ State Registration No. _____

Roster of Mares

This form is required to make some mares eligible that are bred to your stallion.

Mare Name: _____ Dates of Service _____ Check here if
Mare Owner Name: _____ First Last Pasture Bred
Address: _____ () () ()

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Mare Owner Name:	First	Last	Pasture Bred
Address:	()	()	()

I hereby certify that the listed mares were bred to this stallion for participation in the Iowa Horse Breeding Program and that the stallion has and will continue to meet all Iowa registered stallion requirements.

Signed _____
(Owner or stallion manager)

Address _____ Telephone _____

IMPORTANT:

Iowa rules require this form to be filled out and filed with the Iowa Horse Breeding Program by **September 1** of each year. **This is required by all Iowa Stallion Owners.**

Attach and number additional pages to this record if necessary.

This fully completed record of mares bred is to be submitted to:

**Iowa Horse Breeding Program
Iowa Department of Agriculture and Land Stewardship
Wallace State Office Building
502 East 9th Street
Des Moines, Iowa 50319
Telephone (515) 281-4103 or Fax (515) 281-4282**