

Hoover State Office Building ■ 1305 E. Walnut Street ■ Des Moines, IA 50319 ■ (515) 281.5321 ■ IowaAgriculture.gov

## **STALLION STATUS REPORT**

For Iowa Thoroughbred, Quarter Horse and Standardbred Horse

Date of Report:					
Name of Stallion:	Sta	State Reg. #			
Stallion Owner:					
Address:					
City/St./Zip:	_				
County:	_				
Current Location of Stallion: (CONTACT US IMMEDIAT	TELY IF THE LOCATION HAS CH	IANGED.)			
Address:					
City:			<u></u>		
County:	<u> </u>				
PLEASE INDICATE IF:					
☐ Stallion stood for service the previous year. Locati	ion:				
□Stallion is deceased. Date of Death:					
☐ Stallion is not in Iowa. Moved to:					
☐ Stallion sold to:					
Name:					
City: State: Z	Zip:				
	RECORD OF MARES BRE	D			
For breeding season of For foals of					
This form is <u>required</u> to make some mares eligible the	at are bred to your stallion.				
Mare Name:	Dates of Serv	vice			
Mare Owner Name:	First	Last	Check here if Pasture Bred		
Address:	FIISC	Last	( )		
			, ,		
Mare Name:	Dates of Serv	vice			
			Check here if		
Mare Owner Name:	First	Last	Pasture Bred		
Address:			( )		
Mare Name:	Dates of Serv	vice			
			Check here if		
Mare Owner Name:	First	Last	Pasture Bred		
Address:			( )		

Mare Name:	Date	s of Servi	ice			
					Check here if	
Mare Owner Name:	First		Last		Pasture Bred	
Address:	(	)	(	)	( )	
Mare Name:	Date	s of Servi	ice			
					Check here if	
Mare Owner Name:	First		Last		Pasture Bred	
Address:	(	)	(	)	( )	
Mare Name:	Dates of Service					
	<b>-</b> · .				Check here if	
Mare Owner Name:	First	,	Last	,	Pasture Bred	
Address:	(	)	(	)	( )	
Mare Name:	Date	s of Servi	ce			
					Check here if	
Mare Owner Name	First		Last		Pasture Bred	
Address:	(	)	(	)	( )	
Mare Name:	Date	s of Servi	ce			
					Check here if	
Mare Owner Name:	First		Last		Pasture Bred	
Address:	(	)	(	)	( )	
Mare Name:	Dates of Service					
					Check here if	
Mare Owner Name:	First		Last		Pasture Bred	
Address:	(	)	(	)	( )	
Mare Name:	Date	s of Servi	ce			
					Check here if	
Mare Owner Name:	First		Last		Pasture Bred	
Address:	(	)	(	)	( )	
I hereby certify that the listed mares were bred thas and will continue to meet all lowa registered		ation in t	he Iowa Hoi	rse Bree	ding Program and that the stallio	on
Signed						
(Owner or stallion manager)						
Address	Telep	hone		_		
IMPORTANT:						

lowa rules require this form to be filled out and filed with the lowa 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 Hoover State Office Building** 1305 E. Walnut ST Des Moines, IA 50319 Telephone (515) 281-4103

Iowa Department of Agriculture Form S-3

No Fee Required