

Wallace State Office Building

502 E 9th St, Des Moines, IA 50319

(515) 281.5321

www.lowaAgriculture.gov

STALLION STATUS REPORT

For Iowa Thoroughbred, Quarter Horse and Standardbred Horse

Date of Report:								
Name of Stallion:	e of Stallion: State Reg. #							
Stallion Owner: National Reg. #								
Address:								
City/St./Zip:								
County:								
Current Location of Stallion: (CONTAC)	Γ US IMMEDIA	TELY IF	ГНЕ LC	CATION	HAS C	CHANGED.)		
Address:								
City:	·	IA Zip:				_		
County:	_							
PLEASE INDICATE IF:								
Stallion stood for service the previous year	ar. Location:							
Stallion is deceased. Date of Death:								
Stallion is not in Iowa. Moved to:								
Stallion sold to: Name:								
City: State:	Zip:							
	RECOR	D OF MAF	RES BRI	ED				
For breeding season of For foals of								
This form is required to make some mares el	igible that are bred	l to your sta	llion.					
Mare Name:		Dates	of Servi	ce				
Mare Owner Name:		Einst		Logt		Check here if Pasture Bred		
Address:		first ()	Last ()	()		
			,		,	,		
Mare Name:		Dates	of Servi	ce				
Mara Overar Nama		First		Lost		Check here if Pasture Bred		
Mare Owner Name: Address:		()	Last ()	()		
		`	,	`	Í	,		
Mare Name:		Dates	of Servi	ce		C1 11 'C		
Mare Owner Name:		First		Last		Check here if Pasture Bred		
Address:		()	()	()		

Mare Name:	Dates of Service									
Mare Owner Name:	First		Last		Check here if Pasture Bred					
Address:	()	()	()					
Mare Name:	Dates	of Servi	ice							
Mare Owner Name:	First		Lost		Check here if Pasture Bred					
Address:	first ()	Last ()	()					
Audress.	(,	(,	()					
Mare Name:	Dates	Dates of Service								
Mare Owner Name:	First		Last		Check here if Pasture Bred					
Address:	riist ()	Last ()	()					
Auuress.	(,	()	()					
Mare Name:	Dates of Service									
M O N	E' 4		т.,		Check here if					
Mare Owner Name	First	`	Last	`	Pasture Bred					
Address:	()	()	()					
Mare Name:	Dates	of Servi								
			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:	Dates of Service									
					Check here if					
Mare Owner Name:	First		Last		Pasture Bred					
Address:	()	()	()					
I hereby certify that the listed mares were bred to and will continue to meet all Iowa registered stalli		on in the	e Iowa Hors	e Breedi	ing Program and that the stall	ion has				
Signed										
Signed(Owner or stallion manager)										
Address	Telepl	Telephone								
IMPOPTANT:										

<u>IMPORTANT</u>:

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

Attach and number additional pages to this record if necessary.

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

Iowa Horse & Dog 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 – Fax (515) 281-4282

Iowa Department of Agriculture Form S-3

No Fee Required