



**ROCKY MOUNTAIN HORSE®
ASSOCIATION**

Annual Stallion Service Report

Dates of this report: From: _____ To: _____

Stallion: _____ RMHA #: _____

Location of Stallion: _____ Manager: _____

Owner: _____ Address: _____

Report all mares serviced in a calendar year. Use a separate form for each location stallion was standing.

MARE	RMHA #	Owner	Serviced	Re-Serviced

I hereby certify that the information in this report is complete and accurate. Mail report by January 30 of following year:

Owner/Manager: _____

**RMHA Headquarters
71 South Main Street
Winchester, KY 40391
Office:859-644-5244 F**

MARE	RMHA #	Owner	Serviced	Re-Serviced

OPR: RMHA Registry
Current as of: Oct 2015