



## ANNUAL STALLION SERVICE REPORT

Date of this report: From \_\_\_\_\_ To \_\_\_\_\_  
Stallion \_\_\_\_\_ RMHA No. \_\_\_\_\_  
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 NO.	OWNER	SERVICED	RE-SERVICED

I hereby certify that the information in this report is complete and accurate.

Signature \_\_\_\_\_

Mail report by January 30 of following year:  
RMHA  
4561 Iron Works Pike, Ste 156  
Lexington, KY 40511

MARE	RMHA NO.	OWNER	SERVICED	RE-SERVICED