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
Or send to registrar@rmhorse.com

MARE	RMHA NO.	OWNER	SERVICED	RE-SERVICED