KENTUCKY MOUNTAIN SADDLE HORSE ASSOCIATION
STALLION REPORT

Stallion Name: _____ **Dates of this Report:** _____ **to** _____
Registration Number: _____ **Location of Stallion:** _____
Owner: _____ **Manager:** _____
Owners Address: _____
Street **City** **State** **Zip**

MARE'S FULL NAME	KMSHA #	OWNER	DATE OF SERVICE

This form must contain all certified KMSHA Mares serviced in a single calendar year. Non certified mares may be listed.

REPORT SHOULD BE RECEIVED BY JANUARY 30TH OF THE YEAR FOLLOWING THE REPORT

Mail this form to:
KMSHA
P. O. Box 1405
Georgetown, KY 40324
PH: 859-225-KMSH (5674)
FX: 859-252-9639

I certify this information contained in this form is complete and accurate:

_____
Signature of stallion Owner/Manager: