SPOTTED MOUNTAIN SADDLE HORSE ASSOCIATION STALLION REPORT

Stallion Name: Registration Number: Owner:		Dates of Location	this Report: n of Stallion:	to	
		Manage	Manager:		
Owners Address:				ā.	
Security and the second security of the second sections.	Street	City	State	Zip	
MARE'S FULL NAME	KMSI	HA#	OWNER	DATE OF SERVICE	
	7				

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-KMSHA (5674) FX: 859-252-9639 I certify this information contained in this form is complete and accurate:

Signature of stallion Owner/Manager: