



New Forest Pony Society of North America, Inc.

REGISTRY – NFPSNA STALLION COVERING RETURN FORM
(ONE STALLION PER PAGE, ADD SHEETS AS NEEDED)

REGISTERED NAME OF STALLION: _____ BREEDING YEAR: _____

REGISTRY: _____ REGISTRATION # _____ License/V.C.# _____

COLOR: _____ SIRE: _____ DAM: _____

Please include ALL mares to make it possible to issue both purebred and part-bred registrations from this return.

MARE NAME	REGISTRY & REG NUMBER	BREED	MARE OWNER NAME/ADDRESS	DATES COVERED
1)				
2)				
3)				
4)				
5)				
6)				

~~ OWNER MAY BE HELD LIABLE FOR SUPPLYING WILLFULLY INCORRECT INFORMATION ~~

I HEREBY CERTIFY THAT THE PARTICULARS ABOVE ARE CORRECT TO MY BEST KNOWLEDGE AND BELIEF.

STALLION OWNER(S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE(S): _____

Stallion Owner Signature: _____ **Date:** _____

STALLION COVERING RETURNS MUST BE POSTMARKED BY DECEMBER 31ST OF THE BREEDING YEAR

MAIL TO:

NFPSNA c/o Victoria Landsborough

Box 7531, Drayton Valley, AB, T7A 1S7, Canada, T: 780-241-0782

The NFPSNA will not accept responsibility for loss or damaged documents in the US/Canadian Postal service.