



CWHBA BREEDING CERTIFICATE

**ATTACH TOP HALF TO THE APPLICATION FOR REGISTRATION FOR THE FOAL.
THE LOWER HALF MAY BE RETAINED BY THE MARE OWNER FOR HIS/HER RECORDS.**

Name and Address of Mare Owner	Name and Address of Stallion Owner	Breeding Season (Year)

CWHBA Membership / ID #: _____ CWHBA Membership / ID #: _____

Mare:	Birth Date (mm/dd/year):	Registry # / Approval #:
Colour and Markings:		

Stallion:	
Registry # / Approval #:	Breed:
Live Cover <input type="checkbox"/> Fresh Semen <input type="checkbox"/> Frozen Semen <input type="checkbox"/> Transported Semen <input type="checkbox"/>	
List all breeding dates on which stallion bred the above described mare:	
Signature of Stallion Owner, A.I. Technician or authorized representative	

Second Stallion:	
Registry # / Approval #:	Breed:
Live Cover <input type="checkbox"/> Fresh Semen <input type="checkbox"/> Frozen Semen <input type="checkbox"/> Transported Semen <input type="checkbox"/>	
List all breeding dates on which stallion bred the above described mare:	
Signature of Stallion Owner, A.I. Technician or authorized representative	

Submit Applications to: Canadian Warmblood Horse Breeders Association
404 Avenue D South, Saskatoon, Saskatchewan, Canada S7M 1R4
Tel: 306-373-6620 • Fax: 306-374-0646 • office@canadianwarmbloods.com

CWHBA_LF/07/22/15



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COPY

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