

Stallion Breeding Report

FOR OVERNIGHT DELIVERY TO AQHA: 1600 QUARTER HORSE DR, AMARILLO, TX 79104 • MAILING ADDRESS: P.O. BOX 200, AMARILLO, TX 79168
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STALLION'S REGISTERED NAME

AQHA REGISTRATION NUMBER									

	REGISTERED NAME OF MARE BRED	AQHA REGISTRATION NUMBER	RECORDED OWNER OF MARE AT TIME OF SERVICE	DATES MARE WAS EXPOSED (IF PASTURE BRED, SO STATE & GIVE DATE IN & OUT OF PASTURE)	✓ IF BRED BY FROZEN SEMEN	✓ IF BRED BY TRANSPORTED SEMEN	YEAR OF BREEDING
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

REPORT DEADLINE IS NOVEMBER 30 OF THE BREEDING YEAR

FILE YOUR REPORT ONLINE AT AQHA.COM/SERVICES

LOCATION OF STALLION IF DIFFERENT FROM OWNER/LESSEE'S	
FARM, RANCH OR STABLE _____	
CITY _____	STATE _____
FROM (DATE) _____	TO (DATE) _____

*Dues payments **MAY BE** deductible by members as an ordinary and necessary business expense; contributions or gifts to the American Quarter Horse Association are not deductible as charitable contributions for federal income tax purposes. However, donations to the American Quarter Horse Foundation **ARE** tax-deductible to the extent allowed by law. Of your annual membership dues, \$1 is designated as a subscription to America's Horse, AQHA's official member publication. Through the payment of a membership fee to AQHA, members acknowledge that membership in AQHA is voluntary and agree to be bound by all terms and conditions of AQHA'S Official Handbook of Rules and Regulations. Fees are subject to change.*

Through the payment of a membership fee to AQHA, I acknowledge that membership in AQHA is voluntary and agree to be bound by all the terms and conditions of AQHA's Official Handbook of Rules and Regulations.

SIGNATURE OF RECORDED OWNER, AUTHORIZED AGENT OR LESSEE OF STALLION AT TIME OF SERVICE _____	DATE _____
PRINTED NAME _____	AQHA ID# _____
ADDRESS _____	CITY/STATE/PROVINCE/POSTAL CODE _____
DAYTIME PHONE NO. _____	E-MAIL ADDRESS _____

FEES (SUBJECT TO CHANGE WITHOUT NOTICE)

	<i>member</i>	<i>nonmember</i>
Stallion Fee	\$25 <input type="radio"/>	\$70 <input type="radio"/>
Mare Fee (per mare)	___ x \$5 <input type="radio"/>	___ x \$10 <input type="radio"/>
Late Fee (if after November 30*)	\$30 <input type="radio"/>	\$30 <input type="radio"/>
AQHA 12-month membership	\$45 <input type="radio"/>	
AQHA 36-month membership	\$105 <input type="radio"/>	

If you are not a current member, join now to receive the member fee.

**The late fee is in addition to the stallion and mare fees.*

If the breeding is south of the equator, the deadline is June 30.

Fill in the circle if stallion stands south of the equator.

TOTAL
ENCLOSED

<input type="radio"/> CHECK <input type="radio"/> MONEY ORDER	IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:																																																																																
AMERICAN EXPRESS MASTERCARD VISA	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center; font-size: small;">CARD NUMBER</td> </tr> <tr> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: small;">EXP. DATE (MMYY)</td> <td colspan="5" style="text-align: center; font-size: small;">DAYTIME PHONE</td> </tr> <tr> <td colspan="10" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center; font-size: small;">CARDHOLDER NAME</td> </tr> <tr> <td colspan="7" style="border: 1px solid black; height: 20px;"></td> <td colspan="3" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="7" style="text-align: center; font-size: small;">CARDHOLDER SIGNATURE</td> <td colspan="3" style="text-align: center; font-size: small;">BILLING ZIP CODE</td> </tr> </table>											CARD NUMBER																				EXP. DATE (MMYY)					DAYTIME PHONE															CARDHOLDER NAME																				CARDHOLDER SIGNATURE							BILLING ZIP CODE		
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DO NOT SEND CASH • U.S. FUNDS ONLY