



UNITED STATES LIPIZZAN REGISTRY

707 13th Street SE, Suite 275, Salem, OR 97301
PHN: 503/589-3172

STALLION REPORT

PLEASE PRINT OR TYPE ALL INFORMATION

REPORT DATE: _____

REPORT FOR YEAR _____

STALLION INFORMATION:

STALLION NAME: Use complete name of stallion as it appears on USLR registration, include all numbers in the name.
GENETIC ID #: GENETIC ID number of stallion; if not known, contact USLR office. (Blood typing number or DNA number).
STALLION OWNER OF RECORD: If stallion was leased during the above listed breedings, a **LEASE AGREEMENT** signed by the owner of record must be attached to this stallion report.

STALLION NAME	GENETIC ID #	USLR #	STALLION OWNER OF RECORD DURING BREEDING SEASON	DATE BRED FROM	TO	YEAR

MARE INFORMATION:

NAME OF MARE: If Lipizzan, use complete name of mare as it appears on USLR registration, include all numbers in the name.
DATES BRED: If pasture bred, give beginning and ending dates of exposure.
AI/TS: All artificially inseminated mares must be noted with "AI" written in the space provided. All artificially inseminated mares serviced by way of transported semen must be noted with "TS" and a copy of the **USLR TRANSPORTED SEMEN CERTIFICATE** must be attached to this stallion report.

THE FOLLOWING MARES WERE BRED BY NATURAL SERVICE OR ARTIFICIALLY INSEMINATED TO THE ABOVE NAMED STALLION

NAME OF MARE	BREED	USLR #	MARE OWNER OF RECORD DURING BREEDING	DATES BRED	AI/TS	OFFICE USE ONLY

I hereby certify that the above named mares were bred to this stallion on the day(s) shown during the calendar year _____ (print year)

Signature of Owner of Record _____ OR Signature of Lessee (**LEASE AGREEMENT** must be attached) _____

Address _____

TWO COPIES TO BE MAILED TO USLR OFFICE
THIRD COPY FOR STALLION OWNER RECORDS

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