



AMERICAN SHIRE HORSE ASSOCIATION

est. 1885

P.O. Box 227
Blair, NE 68008
secretary@shirehorse.org

Office: 888-302-6643
www.shirehorse.org

FOR OFFICE USE ONLY	
Date Received	
Date Recorded	

STALLION BREEDING REPORT

Name of Stallion: _____ Reg. Number: _____
 Recorded Owner: _____ ASHA Membership Number: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Email: _____

I do certify that the mares listed below were exposed to this stallion during the calendar year: _____
 Recorded Owner/Authorized Agent Signature: **X** _____ Date: _____

Registered Name of Mare Bred	Reg. Number	Recorded Owner	Breeding Method**	Date of First Exposure****	Date of Last Exposure	Release of Breeding***

**** Use the following to specify breeding method:**
Use all that apply
 P= Pasture
 H= Hand
 A= Artificial Insemination
 S= Transported Semen
 F= Frozen Semen
 E= Embryo Transfer

*****Release of Breeding:**
 Your initials will authorize ASHA to register the resulting foal without your signature on the Breeder's Certificate.

 ****When using Frozen or Cooled Transported Semen, please list the dates the mare was inseminated, not the date the semen was shipped.

List all mares serviced by this Shire stallion: full Shire mares and all Sport Horse eligible mares. If no registration # is available, write "GRADE" in the column.