



**CLYDESDALE HORSE SOCIETY OF
NEW ZEALAND (INC)**

STALLION SERVICE RETURN

Please send to: The Secretary, J Sugden
228 Marahau Road, RD 17, Whanganui 4587

Registration Number of Stallion _____

Registered Name of Stallion _____

Details of Mares

Registration Number	Registered Name of Mare	Registered Name of Owner	Date last Served*

* (If running with stallion indicate actual dates; .e.g. 01/08/2023 to 01/12/2023)
I hereby certify that the above mares were served by this stallion on the date(s) shown or had been running with this stallion within the dates shown.

Date _____ Stallion Owner Signature _____

Stallion Owner Name (Printed) _____

This form is to be sent to the Secretary before 30 April.