



Paso Fino Horse Association, Incorporated

4067 Iron Works Parkway, Lexington, KY 40511 p. (859) 825-6000 f. (859) 258-2125 registration@pfha.org www.pfha.org

Stallion Breeding Report: Breeding Season of _____ (Covers Preceding Calendar Year)

This stallion's genetic type must be on permanent record with the registry, prior to registration of his purebred offspring.

Stallion's Reg. #: _____ Stallion's Name: _____ Stallion Owner's Member ID: _____

Signature of recorded owner or authorized agent of the stallion at time of service: _____

DUE JANUARY 31 OF YEAR FOLLOWING BREEDING

ON-TIME FILING FEE: \$35.00 + \$5.00 PER MARE

LATE REPORTS: \$100.00 + \$10 PER MARE (considered late after Jan 31st following breeding year) AMENDED REPORTS: \$25.00 + \$10.00 PER MARE

The Mares listed below were bred to the Stallion whose name and number appears above. Use more than one line if needed.

Mare's Registration #	Registered Name of Mare	Check one:	Name of Mare Owner	1 st Date of Breeding	Last Date of Breeding
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Pasture Exposed <input type="checkbox"/> AI <input type="checkbox"/> Embryo Transfer			
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Pasture Exposed <input type="checkbox"/> AI <input type="checkbox"/> Embryo Transfer			
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Pasture Exposed <input type="checkbox"/> AI <input type="checkbox"/> Embryo Transfer			
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Pasture Exposed <input type="checkbox"/> AI <input type="checkbox"/> Embryo Transfer			
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Pasture Exposed <input type="checkbox"/> AI <input type="checkbox"/> Embryo Transfer			
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Pasture Exposed <input type="checkbox"/> AI <input type="checkbox"/> Embryo Transfer			
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Pasture Exposed <input type="checkbox"/> AI <input type="checkbox"/> Embryo Transfer			
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Pasture Exposed <input type="checkbox"/> AI <input type="checkbox"/> Embryo Transfer			
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Pasture Exposed <input type="checkbox"/> AI <input type="checkbox"/> Embryo Transfer			
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Pasture Exposed <input type="checkbox"/> AI <input type="checkbox"/> Embryo Transfer			
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Pasture Exposed <input type="checkbox"/> AI <input type="checkbox"/> Embryo Transfer			

Method of Payment: Check Visa MasterCard AMEX

CARDHOLDER NAME

CARD NUMBER

EXP. DATE

CVV. #