KIGER HORSE ASSOCIATION & REGISTRY

STALLION REPORT

YEAR_____

NAME OF STALLION: _____ **REGISTRATION #:** _____

REG # OF MARE	NAME OF MARE	OWNER OF MARE	DATE SERVICED	A.I. OR NATURAL

I affirm that the above stallion has been exposed to the above listed mares.

Owner of Stallion: _____Date_____ Signature: _____

Address: _____ Phone: _____ Email: _____

Mail this completed form to KHAR at: KHAR 777 NE 7th Street, Suite 110, Grants Pass, OR 97526
Questions? Email kigerhorse@gmail.com

Form R-4.0 1/2007