PFERDEZUCHTVERBAND RHEINLAND-PFALZ-SAAR e.V. (PRPS)
POST OFFICE BOX 8551 • ALTA LOMA, CA 91701 • (909) 948-2934 • FAX (909) 948-2935

BREEDING CERTIFICATE / INSEMINATION CERTIFICATE STUD _____

Breeder (Mare's owner at time of breeding) _____

_____

Mare _____
(Registration No.) (Name, Breed) (Year of Birth)

Color and Marking _____

_____

Father of mare _____
(Name and Registration No.)

Mother of mare _____
(Name and Registration No.)

has been ☐ **bred** **on:** ☐ **inseminated with fresh semen** _____ ☐ **inseminated with frozen semen** **(please mark with an x where applicable)** _____ **Stallion** _____ **RN** _____ **last on** | | | | | | |	**In addition by the stallion mentioned below** ☐ **bred** ☐ **inseminated with fresh semen** ☐ **inseminated with frozen semen** **Name** _____ **RN** _____ **on** _____

_____
Place **Date** **Signature: Stallion owner/Stud supervisor**

BREEDING RESULT / FOAL NOTIFICATION

(Breeding certificates from breedings by other stallions must be enclosed)

Foal born on: _____ **Sex:** _____ **Name:** _____

Color and Markings: _____

The mare – remained not in foal / aborted on / the foal was born dead/died on: _____
circle appropriate response