



COVERING CERTIFICATE

Covering Certificate - Year _____

NAME _____

ADDRESS _____

We state that the following mares, inscript on Stud-Book, were covered by the stallion's :

MARE NAME	STALLION		DATE OF THE LAST COVERING		RESULTS OF THE PRECEDING YEAR		OBS. (A)
	NAME	BRAND	DAY	MONTH	BIRTHS		
					NAME	SEX	

(a) Please always indicate stillbirths, miscarriages or cases of infertility on "Observations".

_____, ____ / ____ / ____

SIGNATURE
