

CERTIFICATE OF SERVICE FORM
CANADIAN BELGIAN HORSE ASSOCIATION
17150 10th Conc., Schomberg ON L0G 1T0 Ph# 905-939-1186
Attach this to application for registration of foal

Date _____

I certify that the stallion named _____ Reg.No. _____

Standing at _____

(Farm name)

Address _____ Prov _____

bred the mare named: _____ Reg.No _____

owned by _____

on the following date(s) _____ year: _____

Hand Bred

Natural Breeding (Pasture)

Artificial Insemination

Signature of Stallion Owner or Authorized Representative: x _____

IMPORTANT: Signature of authorized representative is NOT ACCEPTABLE unless Power of Attorney is on file at the Canadian Belgian Horse Association

Stallion Owners Name: _____ ID# _____

Address: _____ Phone# _____

Email: _____

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