

Spanish Barb Horse Association



Discover the Horse that Discovered America

Foaling Report

Breeder's Name: _____ Foaling Report for Year _____

Street: _____ Date Submitted: _____

City: _____ Phone: _____

Email: _____

Please complete and submit this form to the Office of the Registrar within 30 days of foaling your last mare of the year.

| | Name of Foal | Color | Foaling Date | Sex | Sire Name & Reg. No. | Dam Name & Reg. No. |
|----|--------------|-------|--------------|-----|----------------------|---------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

I certify this Foaling Report to be accurate and valid. _____
signature of mare(s) owner, lessee, or manager