

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