



SPANISH BARB HORSE ASSOCIATION

Mare 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.						

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

Mail Report to: or Email to:
SBHA Registrar SBHARegistrar@gmail.com
13318 N Walking Y Ln
Prescott, AZ 86305

This report must be filed in the Office of Registrar on or before February 1st of each year.