Name: _____ Membership Number: _____

Stud Prefix: _____ Brand: _____

AUSTRALIAN MINIATURE PONY SOCIETY INC.

ABN: 89 501 336 192

ANNUAL STUD RETURN

FOR 1st August 20____ to 31st July 20____

MUST be completed by ALL MEMBERS

List Mares/Fillies details here		**List details of Stallion(s) who served these mares between 01/08/_____ and 31/07/_____**			
Full names of mares or fillies registered or unregistered, owned or leased to be listed here.	Appropriate Registration Numbers.	Name of Stallion which covered this mare . If covered by 2 stallions give details of **both** services.	Registration Number.	Period in which mare was served (**Start & finish** dates)	Stallion owned at time mare was served (Yes/No)

PENALTY FOR FAILURE TO LODGE RETURN BY THE DUE DATE
$55.00

Members are advised to keep a copy of this Pony Return for their own reference.

NOTE 1: Return this form to The Office on or before the 31st July _____

NOTE 2: ***UNLESS SERVICE DETAILS ARE SHOWN ON THIS FORM, PROGENY CANNOT BE FOAL RECORDED*** **and must wait until age 2 years (actual), when they may be Adult Registered.**

NOTE 3: If you did not own the Stallion you will need to supply a Service Certificate with the Foal Recording.

NOTE 4: If you serve a mare with two different Stallions, leave a 42 day clear period between the two stallions, otherwise DNA testing may be required to identify the sire.

NOTE 5: If you require extra space when listing your ponies, please note that photocopies of this form will be accepted.

List Mares/Fillies details here		**List details of Stallion(s) who served these mares between 01/08/_____ and 31/07/_____**			
Full names of mares or fillies registered or unregistered, owned or leased to be listed here.	Appropriate Registration Numbers.	Name of Stallion which covered this mare . If covered by 2 stallions give details of **both** services.	Registration Number.	Period in which mare was served (**Start & finish** dates)	Stallion owned at time mare was served (Yes/No)

I/We ……..hereby declare that the foregoing particulars are, to the best of my/our knowledge and belief, true in every respect and I/We make this declaration after having taken all available means to satisfy myself/ourselves of their accuracy.

Signature:_____ Date: ____/____/_____

Members Name: _____
(PLEASE PRINT)

Membership Number: _____

Address: _____

Postcode: _____Telephone: _____