



# Live Foal/No Foal Report

For foaling year: \_\_\_\_\_

Check Appropriate Box

Name of Mare	Microchip or Registration No.	Live Foal	Barren	Aborted	Dead Foal	Foal Died
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Signature of owner/lessee of mare at time of foaling or authorized agent

Date

Printed Name

Membership No.

**There is no fee to record this information.**

**E-mail to [memberservices@ustrotting.com](mailto:memberservices@ustrotting.com).**



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