**Addendum 11n**

**Covering Year:**

**Stallion and Mare Covering Return**

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| **Stallion Information**  |
| Stallion Name |  | SHS Reg ID |  |
| Stallion Owner  |  | Licence Number |  |
| Address |  | Postcode |  |
| Tel No |  |
| Was the Stallion swabbed as required by HBLB requirements? Yes / No When was the Swab Certificate sent to the SHS office?  |
| **Mare Information** |
| **Mare Name** |  | **SHS ID** |  |
| **Mare Owner** |  | **Tel No** |  |
| **Address** |  | **Postcode** |  |
| Was the mare swabbed on arrival? Yes / No |
| **Covering Information** (Please circle as appropriate)  |
| Natural  | AI Chilled | AI Frozen | Cloning | Embryo Transfer | Sexed Semen  |
| Who travelled to the covering – Mare / Stallion? | Please details of covering dates (below) |
| Was the mare scanned before leaving? Yes / No | 1. |
| Scanned In FOAL before leaving? Yes / No | 2. |
| To your knowledge is the mare in foal? Yes / No | 3. |
| Did a vet assist? If so please give details: | 4. |
| 5. |
| 6. |
| Signature of stallion owner: | Date |
| Signature of mare owner: | Date |

**The top copy must be given to the mare owner to return with the foal registration documents.**

**The bottom copy must be returned to the SHS office by the 1st October**