

CERTIFICATE OF SERVICE FORM



Belgian Draft Horse Corporation of America



P.O. Box 335 • Wabash IN 46992 • 260-563-3205 • Fax: 260-274-4194 e-mail: belgian@belgiancorp.com • Web: www.belgiancorp.com

Attach this to the application for registration of foal or mail to office after completed.		
I certify that the stallion named	Reg. #	
Bred the mare named	Reg. #	
☐ Natural ☐ Artificial Insemination ☐ Frozen Semen ☐ Embryo Transplant		
Breeding date(s):(MUST INCLUDE MONTH AND Y	/EAR)	
Signature of the recorded owner(s) of sire at time of service:		
Signature:(DO NOT PRINT)	Member/Non-Member #:	
Address: (city, state, zip)		
Phone Number: E-mail address:		



Belgian Draft Horse Corporation of America



P.O. Box 335 • Wabash IN 46992 • 260-563-3205 • Fax: 260-274-4194 e-mail: belgian@belgiancorp.com • Web: www.belgiancorp.com

Attach this to the application for registration of foal or mail t	to office after completed.
I certify that the stallion named	Reg. #
Bred the mare named	Reg. #
☐ Natural ☐ Artificial Insemination ☐ Frozen Semen ☐ Embryo Transplant	
Breeding date(s):(MUST INCLUDE MONTH AND YEAR)	
Signature of the recorded owner(s) of sire at time of service:	
Signature: Me	ember/Non-Member #:
Address: (city, state, zip)	
Phone Number: E-mail address:	