



Registrar: Catherine Crosado 1173 Telegraph Road, RD 1 Christchurch 7671, New Zealand
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ANNUAL MARE RETURN 2018 - 2019 Season

Your Prefix: _____

1. DEATHS OF MARE & FILLIES DURING THE LAST 12 MONTHS *(Registration Certificates to be returned to Society)*

Name of Mare/Fillies	Reg No.	Date of Death

2. LIST MARES/FILLIES LEASED AS AT 31ST JULY

Mares or Fillies	Reg No.	Leasee

3. MARES/FILLIES SOLD IN THE LAST 12 MONTHS

Name of Pony	Reg No.	New Owner

4. MARES/FILLIES SOLD WITHOUT PAPERS *(REGISTRATION CERTIFICATES MUST BE RETURNED TO THE SOCIETY)*

Name of Pony	Reg No.

Name of Mare	Reg No.

**RECORD OF MARES COVERED BY A REGISTERED STALLION IN THE LAST 12 MONTHS
DUE TO FOAL NEXT BREEDING SEASON**

- The attention of breeders is directed to the **COMPULSORY RETURN** of this form to the Registrar on or before **31ST JULY EACH YEAR**.
- This Return enables the Society to maintain accurate records as to state and strength of the Shetland Pony Breed within New Zealand.

Names of Mares Covered by a Stallion last Season	Reg No.	Name of Stallion which covered this mare this season. If covered by more than one stallion insert details of all services	Reg no. of covering stallion	Date last served	Expected Due Date of Foal

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.

BREEDER'S NAME: _____

DATE: _____

ADDRESS: _____

SIGNATURE: _____

RECORD OF FOALS BORN IN LAST SEASON

Name of Foal (pending or registered)	Foal Registered Yes/No	Date Foal Born	Reg No	Sex of Foal	Dam of Foal	Reg No. of Dam	Sire of Foal	Reg no. of Stallion

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.

BREEDER'S NAME: _____

DATE: _____

ADDRESS: _____

SIGNATURE: _____