



FOALING REPORT

Other Draft Mares

AMERICAN CREAM DRAFT HORSE ASSOCIATION

Return to:

acdhasecretary@gmail.com

Office Use Only: _____

_____ (Date of report) Foaling record for the year _____ (bred the previous year)

As per the By-laws of the Association, this form is to be filled in and mailed (or emailed) to the above address no later than December 31 of each calendar year.

Check all that apply (See notes below)

Mare's Name & No.	C / F	<u>Crm/NC</u>	<u>PS/DS</u>	<u>AE/DE</u>	<u>WMT/OMT</u>

C/F – Colt/Filly; **Crm/NC** - Cream Coat/Coat color other than cream; **PS/DS** - Pink Skin/Dark Skin;
AE/DE - Amber Eyes/Dark Eyes; **WMT/OMT** - White Mane/Tail/Other than White Mane/Tail

(Name and address of person preparing report)

Name _____

Address _____

Date _____

American Cream Draft Horse Association
Foaling Report - Other Draft Mares
Form Completion Instructions



Please complete all forms in ink or digitally for submission.

The foaling report is to be completed by the mare owner prior to the end of the calendar year foaling. This form should be returned to the American Cream Draft Horse Association Secretary by email to:

acdhasecretary@gmail.com

- Mare's name & No. - The complete registered name of the mare and registration number.
(Include horse registry, i.e. BDHCA, PHAOA, NASHA, or other)
- C / F - Indicate Colt (C) or Filly (F)
- Crm/NC - Indicate Cream colored coat (Crm) or NonCream colored coat (NC)
- PS/DS - Indicate Pink Skin (PS) or Dark Skin (DS)
- AE/DE - Indicate Amber Eyes (AE) or Dark Eyes (DE)
- WMT/OMT - Indicate White Mane & Tail (WMT) or Other color Mane & Tail (OMT)
- Name & Address - This section is completed by the person preparing the form for submission.

Packet Checklist

- Completed Foaling Report for Other Draft Mares
- All required signatures