**FOALING REPORT**

American Cream Draft Mares

**AMERICAN CREAM DRAFT HORSE ASSOCIATION**
226 Schellinger Road, Poland, ME 04274

kerrie.beckett@yahoo.com

Office Use Only: __________________________

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(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)

<table>
<thead>
<tr>
<th>Mare’s Name &amp; No.</th>
<th>C / F</th>
<th>Crm/NC</th>
<th>PS/DS</th>
<th>AE/DE</th>
<th>WMT/OMT</th>
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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 _______________________________________________________________________

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