

**NORTH AMERICAN SUFFOLK HORSE ASSOCIATION**  
**BREEDING CERTIFICATE**

This is to certify that on \_\_\_\_\_  
Date(s)

the Suffolk mare \_\_\_\_\_ No: \_\_\_\_\_ was bred to

the Suffolk stallion \_\_\_\_\_ No: \_\_\_\_\_ by

(check one)  Live Cover     Fresh/Chilled Semen     Frozen Semen     Embryo Transplant

Owner or lessee of MARE at time of service

Owner or lessee of STALLION at time of service

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

Send the original to the Office. Both stallion and mare owner should retain a copy.

NORTH AMERICAN SUFFOLK HORSE ASSOCIATION  
Zelda Gagliardi, Secretary  
4170 NE 43<sup>rd</sup> AVE  
High Springs FL 32643-5678  
386-965-2758