

NWMHSPA Stallion Sweepstakes Nomination Form

Owners name: _____

Address: _____

Phone number: _____

Stallion Name: _____

AMHR Registration #: _____ ASPC Registration #: _____

AMHA Registration #: _____ PtHA Registration #: _____

Stallion Dam: _____

Stallion Sire: _____

Stallion Bio:

Mare Care Requirements:

Clean culture:	Y	N
Current Vaccinations	Y	N
Mare w/foal	Y	N
Live Foal Guarantee	Y	N
Hand Breed	Y	N

Mare care per day: _____

Mare/foal care per day: _____

Other: