



APPLICATION FOR ELIGIBILITY IOWA REGISTERED STALLION

Enclose \$30 Fee. Copy of National Registration Certificate
Make check payable to IDALS or Iowa Dept. of Ag

Date:

QuarterHorse StandardbredHorse ThoroughbredHorse
(Please check one)

Name of Stallion Color Age

Sire Dam

National Breed Registration # Tattoo Number

Markings: Office will copy markings from National Registration Certificate.

This stallion stood for service the previous year at:
(Farm)
County State Zip

Name of Owner(s)
(all interests must be given)

Address of Owner

Current location of stallion

I certify that the information on this application is correct.

(Owner Signature)

(Date Signed)

(Address)

(Telephone)

(City) (State) (Zip)

(Social Security Number)

For office use only:
Iowa Registration No.
Issued
By

Mail Application To: Iowa Horse & Dog Program
Iowa Department of Agriculture and Land Stewardship
Wallace State Office Building
502 East 9th Street
Des Moines, IA 50319
Telephone: (515) 281-4103