

# BWP/NAD DECLARATION OF BIRTH



Please bring this original signed copy to the Keuring or mail to  
BWP/NAD - 41 York Drive, St. Louis, MO 63144

FOAL NAME: \_\_\_\_\_ EMBRYO TRANSFER: YES  NO

SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ COLOR: \_\_\_\_\_

## **BREEDER**

NAME: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## **OWNER**

NAME: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## **CO-OWNER**

NAME: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**BREEDER SIGNATURE**

**OWNER SIGNATURE**

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date: