FOALING REPORT

American Cream Draft Mares

AMERICAN CREAM DRAFT HORSE ASSOCIATION
193 Crossover Road
Bennington, Vermont 05201

http://www.acdha.org

_____ (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 to the above address no later than December 31 of each calendar year.

Check all that apply (See notes below)

Mare Name & No.	**C / F**	**Crm / NC**	**PS / DS**	**AE / DE**	**WMT/OMT**

C – Colt/**F** – Filly; **Crm** - Cream Coat/**NC** - Coat color other than cream; **PS** - Pink Skin/**DS** - Dark Skin;

AE - Amber Eyes/**DE** - Dark Eyes; **WMT** - White Mane/Tail/**OMT** - Other than White Mane/Tail

(Name and address of person preparing report)

Name_____

Address_____

_____