



**Lord Ans**  
Friesian Stallion

**Ans d'Equinocks**

Registration : FPS - 124004200805206 / FSA - 2008706

**Owner Emmanuelle Lanctôt-Bédard**

345 chemin du Lac  
Ste-Catherine-de-Hatley  
Qc JOB 1W0 Canada  
E-mail : info@lordans.ca  
Phone : 819-588-3202

**BREEDING REPORT 2021**

**Owner of the mare:** \_\_\_\_\_

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

City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of mare:** \_\_\_\_\_

Breed: \_\_\_\_\_ Registration number: \_\_\_\_\_

Description (color and markings): \_\_\_\_\_

Covered with  Cooled semen  Frozen semen

**Breeding soundness**

I am a currently licensed veterinarian. I declare from my examination on this date that the mare mentioned above is found to be in a good breeding condition. To my knowledge, she has received appropriate vaccination and follows an appropriate deworming schedule.

I have performed a uterine culture.  I have performed a uterine cytology.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ 2019

Veterinarian's signature: \_\_\_\_\_

Name, address, phone number: \_\_\_\_\_

**Insemination**

I certify reception of sealed semen specimen of stallion Lord Ans and insemination of the mare mentioned above only.

Veterinarian's signature: \_\_\_\_\_

**Insemination record**

Date and Time of insemination	Vet's signature



**Lord Ans**  
Friesian Stallion

## BREEDING REPORT 2021 – page 2

**Owner of the mare:** \_\_\_\_\_

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

City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Name of mare:** \_\_\_\_\_

Breed: \_\_\_\_\_ Registration number: \_\_\_\_\_

Description (color and markings): \_\_\_\_\_

Covered with  Cooled semen  Frozen semen

### Pregnancy record

Date	Pregnancy (yes/ no)	Single embryo (yes/no)	Vet's signature

### Loss of pregnancy report

I am a currently licensed veterinarian. I declare from my examination on this date that the mare mentioned above has not come into pregnancy or has failed to carry to term. To my knowledge, she has received appropriate care and follows an appropriate vaccination and deworming schedule.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ 2019

Veterinarian's signature: \_\_\_\_\_

Name, address, phone number: \_\_\_\_\_

### Loss of foal

I am a currently licensed veterinarian. I declare from my examination on this date that the mare mentioned above has delivered a foal that could not stand and nurse without assistance for 24 hours after birth. To my knowledge, the mare and foal have received appropriate delivery conditions and the mare has received appropriate care and follows an appropriate vaccination and deworming schedule.

Date of delivery/death of foal: \_\_\_\_\_

Cause of death: \_\_\_\_\_

Signed at \_\_\_\_\_ on the \_\_\_\_\_ 2019

Veterinarian's signature: \_\_\_\_\_

Name, address, phone number: \_\_\_\_\_