



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 2024

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.

Signed at _____ on the _____ 2023

Veterinarian's signature: _____

Name, address, phone number: _____

Uterine culture performed: yes no Uterine cytology performed: yes no

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



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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 _____ 20__

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. 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 _____ 20__

Veterinarian's signature: _____

Name, address, phone number: _____