

Certificate of Reproductive Status

Date 2/20/19

I have this day examined MISTAYA hip# LOT 32

I have followed the customary standard veterinary clinical procedures in performing this examination. In accordance with the A.A.E.P. definitions set forth on the back of this page and based upon information supplied to me by the owner or authorized agent or by my actual knowledge, it is my opinion:

1) That said mare is **Pregnant**.

2) That said mare is **Not Pregnant**.

a) has never been mated (**Maiden**).

b) was **not mated** in 20__.

c) was **mated**, but is not pregnant.

d) has **aborted**.

e) has **aborted twins**.

3) That said mare is **Suitable for Mating**.

4) That said mare is **Not Suitable for Mating**.

5) Upon palpation to determine if suitable for mating, **both ovaries** were found to be **within normal limits**, or if **otherwise, so state:**

Remarks _____

Name and address of Veterinarian (please print):

KEVIN J BLACH 3501 OLD DEXTER HWY ROSWELL NM 88203

Signature Kevin J Blach DVM Phone 575 625-8775



THE JOCKEY CLUB
821 CORPORATE DRIVE
LEXINGTON, KY 40503-2794
Telephone (859) 224-2700
(800) 444-8521 • Fax (859) 224-2710

SERVICE CERTIFICATE For Foals Of 2019



UBMIT WITH REGISTRATION

Stallion Name: **Finale - 2009**
Mare Name: **Punchette - 2004**
Name of Mare: **Maisonette - 1999**

CERTIFICATION: By executing this Service Certificate, I represent that I am the owner or authorized agent of the owner of the stallion described herein and that I have full authority to execute this Service Certificate and to receive related documents from The Jockey Club. I, for myself and on behalf of the owner: (a) represent that all information supplied on this Service Certificate, including the last date of service, the name of the stallion owner and stallion owner's agent, are truthful, complete and accurate, and (b) represent that I have read, understand, and have complied with the *Principal Rules and Requirements of The American Stud Book ("Rules")*, including, without limitation, Rule 1 (Eligibility for Foal Registration), which provides that any foal resulting from or produced by the processes of Artificial Insemination, Embryo Transfer or Transplant, Cloning or any other form of genetic manipulation is **not** eligible for registration. With respect to all issues regarding the foal and this Service Certificate, I understand and agree to be bound by the Rules including, without limitation, Rule 19 (Deceptive Practices).

Last date of service

04-26-18

Stallion Owner GAYLEN RUST
(Print Name)

Stallion Owner's Agent SUSAN HUNTER
(Print Name)

Signature Susan Hunter Date 2-6-19
This form must be completed in full and signed

Fold & detach here



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MARE OWNER COPY

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