BELGIAN WARMBLOOD
NORTH AMERICAN DISTRICT

DECLARATION OF BIRTH

Please bring this original signed copy to the Keuring or email to office@bwpnad.com

FOAL NAME: _____

(Please print exactly how you would like this appear in their passport paying attention to capitalization and spacing)

Sire: _____ Sire UELN: _____

Dam: _____ Dam UELN: _____

Dam Sire: _____

Date of Birth: _____ Sex: _____ Color: _____

Microchip Number: _____ Embryo Transfer: Y N ICSI: Y N

(Microchip is required for registration with BWP) *(circle one)* *(circle one)*

BREEDER USEF# (if applicable)_____

Name: _____ Country: _____

Address: _____

City: _____ State/Prov: _____ Zip: _____

Phone: _____ Email: _____

OWNER USEF# (if applicable)_____

Name: _____ Country: _____

Address: _____

City: _____ State/Prov: _____ Zip: _____

Phone: _____ Email: _____

CO-OWNER USEF# (if applicable)_____

Name: _____ Country: _____

Address: _____

City: _____ State/Prov: _____ Zip: _____

Phone: _____ Email: _____

BREEDER SIGNATURE

_____

Date:

OWNER SIGNATURE

_____

Date: