



**The Welsh Pony and Cob Society, Africa**  
**Die Walliese Ponie en Cob Genootskap, Afrika**

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**SERVICE CERTIFICATE**

(Complete the form in block letters please)

**To be completed where the Owner/Lessee of the Mare does not Own/Lease the Stallion**

**I, the Owner/Lessee of the stallion**

OWNER/LESSEE	NAME	
OF STALLION	SIGNATURE	
	DATE	
	TELEPHONE NUMBER	
	POSTAL ADDRESS	
	E-MAIL ADDRESS	

**declare that the stallion**

NAME OF STALLION	
REGISTRATION NUMBER	
DATE OF BIRTH	
DNA NUMBER	/

**served the mare**

NAME OF MARE	
REGISTRATION NUMBER	
DATE OF BIRTH	
DNA NUMBER	/

**as follows**

ON (date)	
BETWEEN (dates)	AND

LESSOR/OWNER OF MARE	NAME	
	TELEPHONE NUMBER	
	POSTAL ADDRESS	
	E-MAIL ADDRESS	

For office use only	Date form received	
	Date recorded	