



CSHA STALLION INSPECTION - NOMINATION

Date: _____

Name of Stallion: _____

Date of Birth: _____

Breed: _____ Registration Number: _____

Height: _____ Colour: _____

Owner's Name _____

Address: _____

Contact Number: Fax: Email: _____

Is the stallion approved for breeding with other registries? If yes – please identify

Please attach to this form the following:

- Copy of stallion's registration papers including 4 generation pedigree
- Listing of performance record (if applicable)
- Listing of offspring's performance record (if applicable)

If the stallion is injured &/or will be unable to meet performance criteria please include details of injury and supporting veterinary documentation.

Please complete and return with a copy of stallion's registration papers including 4 generation pedigree.

Canadian Sport Horse Association
PO Box 970, Richmond, ON K0A 2Z0
Fax: 613-686-6170