

Coveringlist of the year:



Send to FPZV-Headquarter till: 31.10.
Via e-mail to info@fpzv-ev.de

Covering by the stallion:	UELN of the stallion:	Name of the owner of the stallion:
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Covering Number	Name / UELN of mare	Owner of the mare	Time of the covering (from - till)	Type of the covering (natural jump, fresh semen, frozen semen)

Date, Location, signature of stallions owner: _____