



2009 CTHS ALBERTA DIVISION FOAL REPORT FORM

Foal Reports will be posted to the CTHS web site at www.cthsalta.com

Please complete the following information for each foal born in the 2009 year:

Date of Birth	_____	Date of Birth	_____
Color/Gender:	_____	Color/Gender:	_____
Sire:	_____	Sire:	_____
Dam:	_____	Dam:	_____
Owner:	_____	Owner:	_____
City/Town:	_____	City/Town:	_____

Date of Birth	_____	Date of Birth	_____
Color/Gender:	_____	Color/Gender:	_____
Sire:	_____	Sire:	_____
Dam:	_____	Dam:	_____
Owner:	_____	Owner:	_____
City/Town:	_____	City/Town:	_____

Date of Birth	_____	Date of Birth	_____
Color/Gender:	_____	Color/Gender:	_____
Sire:	_____	Sire:	_____
Dam:	_____	Dam:	_____
Owner:	_____	Owner:	_____
City/Town:	_____	City/Town:	_____

Please fax, email or mail your foal reports to the CTHS Alberta Division office at:



cthsalta@telusplanet.net

Fax: 403-244-6909

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