



RECLASSIFICATION FORM

Auction year stud service was purchased _____

Name of Stud _____

Name of Nominated Mare _____

Address _____

City _____ State _____ Zip _____

Reason for Reclassification: _____

If medical reasons are given please include a statement form a veterinarian.
All Reclassifications will be reviewed by the Equal Opportunity Committee.

Signature _____ Date _____

Mail to: **HORSEMEN OF IOWA P.O. Box 505 Mason City, Ia. 50402-0505**