

# AIRDRIE STUD - 2024 Mare Information Form

PO Box 487, 2641 Old Frankfort Pike, Midway, KY 40347

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NAME OF STALLION BOOKED TO: \_\_\_\_\_

NAME OF MARE: \_\_\_\_\_ YEAR OF BIRTH: \_\_\_\_\_ COLOR: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_ Dam's Sire: \_\_\_\_\_

Stallion Bred to in 2023: \_\_\_\_\_ Last Date Covered in 2023: \_\_\_\_\_

Mare's Current Status (please circle): Foaled (enter below) In Foal Barren Maiden Aborted Not Bred

2024 Foal by: \_\_\_\_\_ DOB/Color/Sex: \_\_\_\_\_

2023 Foal by: \_\_\_\_\_ DOB/Color/Sex: \_\_\_\_\_

2022 Foal by: \_\_\_\_\_ DOB/Color/Sex: \_\_\_\_\_

**COMMENTS** (Please provide information you feel is important for the breeding shed to have on file - status, condition or disposition of your mare):  
\_\_\_\_\_  
\_\_\_\_\_

## IMPORT STATUS: Is this Mare an IMPORT for the 2024 Breeding Season?

Yes \_\_\_\_ / No \_\_\_\_ Import Date: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

MARE'S 2024 BOARDING FARM: \_\_\_\_\_ Farm Phone: \_\_\_\_\_

Farm Manager/Contact Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Attending Vet: \_\_\_\_\_ Cell: \_\_\_\_\_

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Name of Mare Owner: \_\_\_\_\_

## Billing Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Office Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Owner (or Authorized Agent)

Date

*This form must be on file prior to the mare being booked to be covered. Thank you for your assistance.*