

AIRDRIE STUD, INC.

PO Box 487, 2641 Old Frankfort Pike, Midway, KY 40347
Phone 859-873-7270 / Fax 859-873-6140

2017 MARE INFORMATION FORM

NAME OF STALLION BOOKED TO: _____

NAME OF MARE: _____ YEAR OF BIRTH: _____ COLOR: _____

Sire: _____ Dam: _____ Dam's Sire: _____

Stallion Bred to in 2016: _____ Last Date Covered in 2016: _____

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

2017 Foal by: _____ DOB/Color/Sex: _____

2016 Foal by: _____ DOB/Color/Sex: _____

2015 Foal by: _____ DOB/Color/Sex: _____

COMMENTS (Please list information relating to status, condition or disposition of your mare that you feel is important for the breeding shed to have on file):

IMPORT STATUS: Is this Mare an IMPORT for the 2017 Breeding Season?

Yes ____ / No ____ Import Date: _____ Country of Origin: _____

MARE'S 2017 BOARDING FARM: _____ Farm Phone: _____

Farm Manager/Contact Person: _____ Cell: _____

Attending Vet: _____ Cell: _____

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.