

AIRDRIE STUD, INC.

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Phone 859-873-7270 / Fax 859-873-6140

2020 MARE INFORMATION FORM

NAME OF STALLION BOOKED TO: _____

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

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

Stallion Bred to in 2019: _____ Last Date Covered in 2019: _____

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

2020 Foal by: _____ DOB/Color/Sex: _____

2019 Foal by: _____ DOB/Color/Sex: _____

2018 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 2020 Breeding Season?

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

MARE'S 2020 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.