AIRDRIE STUD - 2024 Mare Information Form

PO Box 487, 2641 Old Frankfort Pike, Midway, KY 40347
Phone (859) 873-7270 / Fax (859) 873-6140 / E-mail info@airdriestud.com

NAME OF MARE:			YEAR OF BIRTH:		TH:	COLOR:		
Sire:	Dam:			_ Dam's				
Stallion Bred to in 2023:	d 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/S	ex:					
2023 Foal by:	DOB/Color/Sex:							
2022 Foal by:	DOB/Color/Sex:							
COMMENTS (Please provide informatio		_				-		
Yes / No I MARE'S 2024 BOARDING FA			Cou	untry of O	rigin:			
Farm Manager/Contact Persor	າ:			Cell	:			
Attending Vet:				Cell:				
*******	*******	******	******	******	******	*****		
Name of Mare Owner:								
	В	illing Inform	ation					
Name:								
Address:								
City/State/Zip:								
Contact Person:				Cell:				
Office Number:		Fax N	lumber:					
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.