AIRDRIE STUD - 2026 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 B			COLOR:	
Sire:	Dam:	Dam's				
Stallion Bred to in 2025:	Last Date Co	Last Date Covered in 2025:				
Mare's Current Status (plea	se circle): Foaled (enter below) In I	oal Barren	Maiden	Aborted	Not Bred	
2026 Foal by :	DOB/Color/S	ex:				
2025 Foal by:	DOB/Color/S	ex:				
2024 Foal by:	DOB/Color/S	ex:				
COMMENTS (Please provide inform	ation you feel is important for the breeding shed t	o have on file - status	, condition or c	lisposition of you	r mare) :	
Yes / No	STATUS: Is this Mare an IMPORT Import Date: ARDING FARM:	Country of	Origin:			
	Person: Cell:					
******	************	*******	******	*****		
Name of Mare Owner (plea	ase include any partners or entitie	es for billing pu	ırposes): ₋			
	Billing Informa	tion				
Name:						
Address:						
City/State/Zip:						
Contact Person:		Cell:				
Office Number:	Fax Nu	mber:				
E-mail:						
0						
Signature of Owner (or Au	itnorized Agent)			Date		

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