

Phone: 859-873-7300

Fax: 859-879-6015

	2020 MARE	E INFORMATION FORM	
NAME OF STALLION:		Share #:	
	NAME AND A	ADDRESS OF MARE OWNER	
Name:			
Address:			
Telephone:	Fax:	Email:	
	ADDRESS FOR STUD FEE B	BILLING PURPOSES (if different from above):	
Name:			
Address:			
	MA	ARE INFORMATION	
MARE NAME:		YEAR OF BIRTH: MARE'S COLOR:	
Sire:	Dam:	Dam's Sire:	
Mare's Current Status: In	Foal Barren Maio	iden Slip p ed/Aborted Not Bred	
Mare's 2020 Produc e (If A	pplicable): Foaling Date:	Sex: Color:	
Stallion Bred to in 2019: _		Last Date Covered in 2019:	
Yes_		fare an IMPORT for the <u>2020</u> Breeding Season? Country of Origin:	
MARE'S 2020 BOARDING	G FARM:	Farm Phone:	
Farm Manager or Contact	Person:		
	MARE'S RE	ECENT PRODU C E HISTORY	
YEAR FOALED	SIRE OF FOAL	DATE FOALED COLOR AND SEX OF FOAL	
2019 2018 2017			
COMMENTS Please list ar for the breeding shed to h	•	condition or disposition of your mare that you feel is important	
Signature of Owner (or Au	uthorized Agent)	Date	