

American Ideal Syndicate

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STALLION SERVICE APPLICATION

Name of Mare: _____ Tattoo No. _____ Color: _____ Year Foaled: _____

Race record of mare: _____ Earnings: _____ Sire of Mare: _____

Dam of Mare: _____ Sire of Dam: _____

Owner of Mare: _____ Telephone Home: () _____

Telephone Office: () _____

Fax: () _____

Email: _____

Cell Phone: () _____

Address: _____

(Postal or Street)

(City or Town)

(Province or State)

(Postal Code)

(Please advise if accounts are to be sent to other than owner)

BREEDING STATUS

Is this going to be an embryo transfer mare? Yes ___ No ___

Was Mare bred in 2006? Yes ___ No ___ If so, to what stallion? _____ Result: Maiden/Barren
(Please circle one)

Last Date Bred: _____

Was Mare bred in 2005? Yes ___ No ___ If so, to what stallion? _____ Result: Maiden/Barren
(Please circle one) Was foal by Embryo Transfer (Yes / No)

Was Mare bred in 2004? Yes ___ No ___ If so, to what stallion? _____ Result: Maiden/Barren
(Please circle one) Was foal by Embryo Transfer (Yes / No)

Give particulars of any known breeding problems: _____

THIS IS NOT A CONTRACT

(Upon Approval of mare – Your breeding contract will follow)