

## STALLION SERVICE BOOKING FORM

Application fo	or Service to:	AYS	AR		WINNING RUPERT		MANHATTA RAIN	AN _	ALL AMERICAN
BROODMARE I	DETAILS:								
Mare's Name:						Year of Birth:			
Sire:		Da	am:			Dam	n's Sire:		
Present Location	on of Mare:								
Name of Vet:									
My mare is insured: Yes $\square$ No $\square$ If Yes, name of insurance agency / broker:									
Vaccination History (Please supply date of last known injection)									
Tetanus: Strangles:					Duvaxyr	xyn: Worming:			
Walk On: Yes	□ No □	Mare Ret	urn:	Yes 🗆	□ No □	Breede	r Number:		
OWNER & ACCOUNTS DETAILS:									
Owner(s) Name/Manager:						ABN:			
Postal Address:									
							State:	Post	Code:
Mobile: Telephone:									
Email:									
Emergency Contact: Phone No:									
HISTORY OF BROODMARE									
Season		Served	by			Last Ser	vice Date	In Fo	al YES / NO
2023									
If mare is a maiden, please provide date retired from racing and / or reasons:									
If mare missed or slipped in 2022 or previously, given reason (if known):									
Please specify any unusual characteristics of the mare which GPS should be aware of:									
SPECIFIC INSTRUCTIONS FROM OWNER									
Please do not serve my mare after:									
Signature of Mare Owner (or Agent)									
Signature				Print Name				Date	