



"KOORINGAL STUD"

HAREFIELD ROAD, WAGGA WAGGA N.S.W. 2650

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APPLICATION FOR A SERVICE TO _____ FOR THE _____ SEASON

BROODMARE DETAILS

NAME OF BROODMARE _____ SERVICE FEE _____

SIRE _____ DAM _____ SIRE OF DAM _____

COLOUR OF MARE _____ YEAR FOALED _____ BRANDS: Near Side Off Side

OWNER(S) OF THE BROODMARE _____

ADDRESS _____ POSTCODE _____

TELEPHONE BUSINESS () _____ HOME () _____

FAX () _____ MOBILE () _____

BROODMARE BREEDING HISTORY

| SERVED BY: | L.S.D. | RESULT |
|------------|--------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If the mare has slipped, was barren or not served last season, please supply any information that would assist the Stud in the coming breeding season (eg, month mare slipped). If the mare is a maiden, please state the month she came out of work.

Any history of twin conception - Yes No Result _____

*VETERINARY HISTORY OF BROODMARE

1) Has the mare been in contact with Viral Abortion, Contagious Equine Metritis, Strangles or any other infectious diseases? _____

2) If yes, please supply details _____

3) Last vaccination dates: Tetanus: _____ Strangles: _____ Salmonella _____

4) Last deworming date _____

5) Please specify any unusual characteristics of the mare which the Stud should be aware of:

6) Insurance Agent _____ Specific Insurance Requests _____

I understand that all veterinary charges will be met by me and all care will be taken but no responsibility accepted by Koorinal Stud for accidents or disease.

Signed _____ Date _____ 20 _____