



**Request Mating Advice**

**Broodmare Details**

Name:

Sire:  Dam:

Dam Sire:  Year of Birth:

Colour:  Brands:

In foal to:  L.S.D

2005  Colt  Filly Sire: \_\_\_\_\_

2004  Colt  Filly Sire: \_\_\_\_\_

If a maiden mare, the date retired from racing \_\_\_\_\_

Is the mare insured? \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

Will the mare **walk in**? If yes, please advise contact name and telephone number

Contact name at the walk in farm \_\_\_\_\_ Contacts ph no \_\_\_\_\_

If the mare will **walk in** then go straight to Owner's Details

What date was this mare last drenched? \_\_\_\_\_

Date the farrier last attended to her feet? \_\_\_\_\_

Date of last Strangles/Tetanus vaccination? \_\_\_\_\_

Has the mare been vaccinated against EHV? Yes No (Please circle one)

Date EHV vaccination given? \_\_\_\_\_

**Owner's Details**

Owner's Name:

Owner's Address:

Phone:  Bus  Home

Mobile & Fax:  Mobile  Fax

E-Mail: