2020 STALLION SERVICE APPLICATION

13700 Mast Road, Port Perry, ON L9L 1B5

905-985-7770 or 1-877-828-6057

fax 905-985-7440

tarahill@on.aibn.com www.tarahills.com



Mare's race record and earnings: Correspondent: Name: Farm: Address: Mare's pedigree(sire) (dam) Address and Phone of "Contact" at mare's physical location (or same): Address and Phone of "Semen Receiver" (or same): Semen "Pick-Up Hub" or "Pick Billing Person and Address (or same): MARE'S BREEDING If this mare has ever had a reproductive tract infection, a difficult foaling, please explain: Name of stallion bred-to last season: If mare is in foal, due date is: If mare was not bred last year, the reason is (circle): maiden not bred on the productive is not in foal, the reason is (circle): barren aborted resorbed on: COMPLETE CREDIT CARD INFORMATION (as below) IS REQUIRED Use same credit card information as last season OR Credit Card Company: VISA or	Day Phone Day Phone Ext Night Phone Fax Phone E-mail: (sire of sire) (sire of dam)
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Use same credit card information as last season OR Credit Card Company: VISA or Person's Name On C	FOR ALL SEMEN TRANSPORTATION ORDERS
Credit Card Company: VISA or Person's Name On C	- TOTAL OF THE TOT
	redit Card
Card Number; Semen transport container of preference is (circle): Equine Express II	Expiry Date:
FARM REQUIRES 24 HOURS NOTICE FOR ALL SEMEN ORDERS W	ITU A DESTINATION OUTSIDE OF THIS COUNTR
If the mare will be boarded for breeding, the anticipated arrival date is:	
FARM REQUIRES 24 HOURS NOTICE FOR ALL MAP	
ALL ACCOUNTS AND BOARD BILLS MUST BE P	
I hereby apply to breed the above mentioned mare to the above mer	tioned stallion, based on the information
supplied above and subject to the conditions printed on the back of agree to be the contract between us if and when the approval is sign	
Dwner's	ied below
Signature(s):	ned below.

Booking Number:_____ Date Rec'd:___