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STALLION NOMINATION APPLICATION FORM

OWNER DETAILS (Please attach list, with details if more than one owner)

Owner(s) name: _____ Breeder ID No: _____

Address: _____

Telephone: Office () _____ Home () _____

Fax: () _____ Mobile: _____

Email: _____

STALLION _____ Season _____

BROODMARE DETAILS

Mare's Name: _____ Suffix: _____

Sire: _____ Dam: _____

Colour: _____ Age: _____ Brands NS _____ OS _____

CURRENT STATUS (please circle appropriate condition)

Maiden Pregnant Missed Slipped Not Served Aborted

Last Service Date _____ Stallion visited _____

Remarks if not in foal _____

Any Vet history, Stud needs to know? _____

Maiden mares – Date out of training _____ If Dry mare, date under lights _____

Walk-in mare – YES / NO

If Yes Contact: Name: _____ Phone No: _____

If insured – Name of Insurance Company: _____ Phone No: _____

If foal born this year, is foal insurance required? YES / NO

Has the mare been in contact with Viral Abortion, Contagious Metritis, Strangles or any other infectious disease?

YES / NO _____

Please specify any unusual characteristics of the mare the Stud should be aware of : _____

Has your mare had vaccinations during the last 12 months for

EHV1,4 YES / NO Date _____ Salmonella YES / NO Date: _____

Drenched YES / NO Date _____ Strangles/Tetanus YES / NO Date: _____