




THE NATIONAL STUD

Part of The Jockey Club

## 2021 Details of Mare Form for Walk-In Mares

This form must be completed **IN FULL**, signed and lodged with the Stud Office prior to covering.

MARE DETAILS			
MARE NAME:		DOB:	COLOUR:
SIRE:	DAM:		DAMSIRE:
PASSPORT NUMBER:		MICROCHIP NUMBER:	
VISITING STALLION FOR 2021: <b>ACCLAIM / ADVERTISE / FLAG OF HONOUR / RAJASINGHE / TIME TEST</b>			
CURRENT STATUS: <u>MAIDEN</u> / <u>BARREN</u> / <u>IN-FOAL</u> / <u>FOALED</u>			
2020 COVERING SIRE:		LAST SERVICE DATE:	
2021 FOALING DATE:		2021 FOAL SEX/COLOUR:	
DATE OF LAST FLU VACCINATION ( <i>Vaccinations <b>MUST</b> be fully up to date and recorded in the mare's passport</i> ):			
FURTHER INFORMATION			
Has this mare been outside the UK/IRE since 1 <sup>st</sup> Jan 2020? <u>NO</u> / <u>YES</u> Imported from: _____ Import date: _____ <i>Any mare that has been outside of the UK or Ireland since 1<sup>st</sup> January 2020 may need additional blood tests / swabs before they are eligible to be covered, as set out in the 2021 NSFA Breeding Regulations. Please contact the Stud Office on 0044(0)1638 675929 or <a href="mailto:stallions@nationalstud.co.uk">stallions@nationalstud.co.uk</a> to clarify the requirements for your mare. Mares without the correct documentation <b>WILL NOT</b> be covered.</i>			
Has this mare ever been in contact with any infectious diseases e.g. CEM, Strangles, EHV, etc? <u>NO</u> / <u>YES</u> <i>If YES, please give details:</i>			
Does this mare have any behavioural issues that we should be aware of? <u>NO</u> / <u>YES</u> <i>If YES, please give details:</i>			
MARE OWNERSHIP AND NOMINATION INVOICING DETAILS			
NAME OF REGISTERED MARE OWNER(S):			
Telephone:	Mobile:	Email:	
Address/Registered Office:		Address for invoicing purposes (if different):	
Company Registration Number:		VAT Number:	Country of VAT Registration:
2021 BOARDING / WALK-IN STUD DETAILS			
NAME OF STUD FARM WHERE MARE NORMALLY RESIDES:			
Address:	Contact Name:		
	Mobile:		
	Email:		
NAME OF STUD FARM WHERE MARE WILL WALK-IN FROM:			
Address:	Contact Name:		
	Mobile:		
	Email:		
<b>Please note: Every care will be taken with your mare and foal, but no responsibility is accepted for any accident, disease, injury or death to the mare or foal while they are visiting The National Stud.</b>			
SIGNATURE OF THE NATIONAL STUD'S REPRESENTATIVE: 			NAME (PRINTED): JOE CALLAN
SIGNATURE OF REGISTERED MARE OWNER / AUTHORISED AGENT:			NAME (PRINTED):
			DATE: