


## 2024 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 2024: <b>LOPE Y FERNANDEZ / MUTASAABEQ / RAJASINGHE / STRADIVARIUS / TIME TEST</b>			
CURRENT STATUS: <u>MAIDEN</u> / <u>BARREN</u> / <u>IN-FOAL</u> / <u>FOALED</u>			
2023 COVERING SIRE:		LAST SERVICE DATE:	
2024 FOALING DATE:		2024 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			
<p>Has this mare been outside the UK/IRE since 1<sup>st</sup> Jan 2023? <u>NO</u> / <u>YES</u> Imported from: _____ Import date: _____</p> <p>Any mare that has been outside of the UK or Ireland since 1<sup>st</sup> January 2023 may need additional blood tests / swabs before they are eligible to be covered, as set out in the 2024 NSFA Breeding Regulations. Please contact the Stud Office on 0044(0)1638 663464 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.</p>			
<p>Has this mare ever been in contact with any infectious diseases e.g. CEM, Strangles, EHV, etc? <u>NO</u> / <u>YES</u></p> <p><i>If YES, please give details:</i></p>			
<p>Does this mare have any behavioural issues that we should be aware of? <u>NO</u> / <u>YES</u></p> <p><i>If YES, please give details:</i></p>			
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:

2024 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:
<p>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.</p>	
SIGNATURE OF THE NATIONAL STUD'S REPRESENTATIVE: 	NAME: JAMIE JACKSON
SIGNATURE OF REGISTERED MARE OWNER / AUTHORISED AGENT:	NAME (PRINTED):
	DATE: