

Fethard, Clonmel, Co Tipperary, E91 XK26.

Email: studoffice@coolmore.ie Tel: (052) 6131298 2025 Season

Stallion:	Microchip Number:	
Mare Name:	Passport Number:	
	Passport/copy must accompany mare to Farm/Covering Shed.	
Sire: Dam:		
Year of Birth: Colour: Status:	MaidenBarren In Foal Barren Mares: A veterinary report could be of considerable value.	
If In Foal: Last Service Date	2024:	
Previous Breeding History:		
2024 Foaled a by		
2023 Foaled a by		
2022 Foaled a by		
Ownership Details: (Owner/Owners of mare to who invoices are to be made out to. Please give % if applicable)		
Name:		
Address:		
Dhana Farail		
Phone: Email:		
Address to which accounts are to be sent to if different from above: (Are you happy to receive invoices by email Y/N) Name:		
Address:		
,		
Phone: Email:		
Manager or Agent to be notified:		
Name:		
Address:		
Dhana.		
Phone: Email:		
Has this mare: 1: Been Stitched? Yes No Permission to stitch if necessary? Yes No		
2: Produced a jaundiced foal ? Yes No		
3: Slipped foal ? Yes No Date (Please pi	rovide report if ves)	
4: Any peculiarities ?(e.g. Foaling without warning, difficult to catch, silent heat, etc.)		
5: Has this mare or foal been insured ? Yes No Rec		
Name of insurance company if yes:	· ·	
6: Been in contact with any horses affected with VIRUS ABORTION? Yes		
or STRANGLES? Yes No		
8: OR have any of the mares on your Stud been on a Stud affected with VIRUS ABORTION Yes No		
or Strangles ? Yes No	20 E1044 4 05 1 E12	
• All mares residing on farm during stud season will be vaccinated with EHV4-1 (Viral Rhinopneumonitis), unless they—are fully vaccinated at home.		
Please ensure that any mare boarding at Coolmore is fully vaccinate.	ed and her passport is up-to-date for Flu and Tet (all mares),	
Virus Abortion (in foal mares only) and we recommend that in foal mares are vaccinated for Rotavirus.		

NO MARE WILL BE COVERED unless the required Coggins/EVA /CEM certificates, passport and signed contract are provided in advance.

EVERY CARE TAKEN BUT NO RESPONSIBILITY ACCEPTED FOR ACCIDENT OR DISEASE.

Signature:	Date: