

CUATRO DE JULIO 2025

BOOKING APPLICATION “THIS IS NOT A CONTRACT, ALL APPLICANTS ARE SUBJECT TO APPROVAL”

MARE NAME: _____

FREEZE BRAND/MICROCHIP#/REGISTRATION _____

SIRE: _____ DAM: _____

YEAR FOALED: _____ RECORD/EARNINGS: _____

CURRENT MARES STATUS: IN FOAL / BARREN/ MAIDEN 2024 BRED TO: _____

DUE DATE: _____ COMMENTS: _____

WE REQUIRE ENTIRE OWNERSHIP BILLING % BREAKDOWN AND ALL CONTACT INFORMATION FOR EACH OWNER

OWNERS/OWNERS:

NAME: _____ EMAIL: _____

ADDRESS: _____

PHONE/FAX: _____ %owned

NAME: _____ EMAIL: _____

ADDRESS: _____

PHONE/FAX: _____ %owned

NAME: _____ EMAIL: _____

ADDRESS: _____

PHONE/FAX: _____ %owned

NAME: _____ EMAIL: _____

ADDRESS: _____

PHONE/FAX: _____ %owned

PLEASE GIVE MARE LOCATION AT TIME OF BREEDING:

FARM: _____

Contact/Person: _____ Phone: _____

EMAIL: _____ fax: _____

PLEASE RETURN ALL COMPLETED APPLICATIONS TO
cdj@preferredequine.com or (914) 773-1633 (fax)