

# CRAZED

## BOOKING APPLICATION

PO Box 2200, Briarcliff Manor, NY 10510 • 914-773-7777 • FAX 914-773-1633

MARE INFO

Mare Name \_\_\_\_\_ Reg./Tattoo No. \_\_\_\_\_ Color \_\_\_\_\_ Year Foaled \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_ Sire of Dam \_\_\_\_\_

Race Record \_\_\_\_\_ Earnings \_\_\_\_\_

Owner (List only 1 billing party) \_\_\_\_\_

OWNER INFO

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### BREEDING STATUS

Was mare bred in **2011**?  Yes  No If so, to which Stallion? \_\_\_\_\_

**Maiden:**  Yes  No ♦ **Embryo Transfer?**  Yes  No ♦ **In Foal?**  Yes  No

Last Bred Date: \_\_\_\_\_ Foaling Info (if applicable): \_\_\_\_\_

..... Date Sex .....

Was mare bred in **2010**?  Yes  No If so, to which Stallion? \_\_\_\_\_

**Embryo Transfer?**  Yes  No ♦ **Maiden:**  Yes  No

**Result:**  Barren  Live Foal  Aborted  Foal Died

**If a live foal was produced:** Sex: \_\_\_\_\_ Date Foaled: \_\_\_\_\_

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### THIS IS NOT A CONTRACT

(Upon approval of your mare, your breeding contract will follow.)

<p><b>For Internal Use Only:</b></p> <p>Share #: _____ Name: _____</p>	<p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p>	<p>Date: _____ Initials: _____</p>
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