CUATRO DE JULIO 2026

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

MARE NAME: _____

FREEZEBRAND/MICROCHIP#/REGISTRATION _____

SIRE: _____ **DAM:** _____

YEAR FOALED: _____ **RECORD/EARNINGS:** _____

CURRENT MARES STATUS: IN FOAL / BARREN/ MAIDEN 2025 BRED TO: _____

LAST BRED DATE: _____ **COMMENTS:** _____ **ET MARE : Y or N** _____

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** _____

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)