

2017 MARE INFORMATION FORM

CLAIBORNE FARM, LLC. POST
OFFICE BOX 150 PARIS,
KENTUCKY 40362-0150

PARIS 859-987-2330
LEXINGTON 859-233-4252
FAX 859-987-0008
859-765-0804

NAME OF STALLION: _____ SHARE #: _____

NAME OF MARE OWNER: _____
Please indicate the Name of Owner in the way you wish it reported to The Jockey Club

MARE NAME: _____ YEAR OF BIRTH: _____ MARE'S COLOR: _____

Sire: _____ Dam: _____ Dam's Sire: _____

Mare's Current Status: In Foal Barren Maiden Slipped/Aborted Not Bred

Mare's 2017 Produce (If Applicable): Foaling Date: _____ Color: _____ Sex: _____

Stallion Bred to in 2016: _____ Last Date Covered in 2016: _____

IMPORT STATUS: Is This Mare an IMPORT for the 2017 Breeding Season?

Yes _____ / No _____ Import Date: _____ Country of Origin: _____

MARE'S 2017 KY BOARDING FARM: _____

Farm Address: _____

Farm Phone: _____ Farm Fax: _____

Email: _____ Cellular: _____

Farm Manager or Contact Person: _____

MARE'S RECENT PRODUCE HISTORY

<u>YEAR FOALED</u>	<u>SIRE OF FOAL</u>	<u>DATE FOALED</u>	<u>COLOR AND SEX OF FOAL</u>
2016	_____	_____	_____
2015	_____	_____	_____

Signature of Owner (or Authorized Agent) _____ Date _____

(Address) _____

(Street/City/State/Zip) _____

Owner (or Authorized Agent) Telephone Number: _____

Owner (or Authorized Agent) Fax Number: _____ E-mail: _____

This form must be on file prior to mare being booked. Thank you for your assistance.