

NO RISK AL MAURY

Please complete and return this form with the relevant enclosures to Marion Lachat by email (mlachat@shadwellstud.co.uk) or post (Shadwell Estate Co. Ltd, Nunnery Stud, Thetford, Norfolk, IP24 2QE, UK) **before the 14th February 2020** (no application will be accepted after that date)

<u>MARE</u>	Name:
Covered in 2019 by	Last Service Date/...../2019
In Foal / Barren / Maiden / Foaled on the	(delete where inapplicable)
Registration Number:	Stud Book:
Breeding purpose: <input type="checkbox"/> racing <input type="checkbox"/> endurance <input type="checkbox"/> other:	

<u>REGISTERED MARE OWNER</u> (to appear on contract and invoices)	
Name & Address:	
Country:	
VAT registration number (if applicable):	
Telephone:	E-mail address:
<i>If the registered mare owner will not be signing the Insemination Report, please give the name of the Authorised Agent of the Mare:</i>	
Name & Address:	
Country:	
Telephone:	E-mail address:

<u>VETERINARY SURGEON</u> (Inseminator)	
Name & Address:	
Country:	
Telephone:	E-mail address:
Delivery address for the Semen if different:	
Country:	
Telephone:	E-mail address:

RACING INFORMATION

The mare is:

- | | |
|---|--|
| <input type="checkbox"/> A winner | → please provide her race record |
| <input type="checkbox"/> A dam of winners | → please provide the race record of her winning progeny |
| <input type="checkbox"/> A (half-)sister to a winner | → please provide the race record of her winning sibling |
| <input type="checkbox"/> None of the above | → please provide her full pedigree (detailed) |

Required documents to attach:

- 1. Copy of the Registration Certificate**
- 2. Copy of Passport pages, including markings**

I confirm that the blood-type of the above mare is on file with the AHS or another foreign registering authority.

Signature of Mare Owner Or Authorised Agent:

Date/...../.....