

COOLMORE

Fethard, Clonmel, Co Tipperary, E91 XK26.

Email: studoffice@coolmore.ie Tel: (052) 6131298 **2026 Season**

Please complete and return immediately.

Stallion: Microchip Number:

Mare Name: Passport Number:

Passport/copy must accompany mare to Farm/Covering Shed.

Sire: Dam:

Year of Birth: Colour: Status: Maiden Barren In Foal

Barren Mares: A veterinary report could be of considerable value.

If In Foal: Last Service Date Covering Stallion 2025:

Previous Breeding History:

2025 Foaled a by

2024 Foaled a by

2023 Foaled a by

Ownership Details: (Owner/Owners of mare to who invoices are to be made out to. Please give % if applicable)

Name:

Address:

Phone: Email:

Address to which accounts are to be sent to if different from above: (Are you happy to receive invoices by email Y/N.....)

Name:

Address:

Phone: Email:

Manager or Agent to be notified:

Name:

Address:

Phone: Email:

Has this mare:

1: Been Stitched ? Yes No - Permission to stitch if necessary? Yes No

2: Produced a jaundiced foal ? Yes No

3: Slipped foal ? Yes No Date (Please provide report if yes)

4: Any peculiarities ? (e.g. Foaling without warning, difficult to catch, silent heat, etc.)

5: Has this mare or foal been insured ? Yes No Required to be insured? Yes No

Name of insurance company if yes: Date of Expiry

6: Been in contact with any horses affected with VIRUS ABORTION ? Yes No in (year) to (year)
or STRANGLES? Yes No in (year) to (year)

8: OR have any of the mares on your Stud been on a Stud affected with VIRUS ABORTION Yes No

or Strangles ? Yes No

- All mares residing on farm during stud season will be vaccinated with EHV4-1 (Viral Rhinopneumonitis), unless they— are fully vaccinated at home.
- Please ensure that any mare boarding at Coolmore is fully vaccinated and her passport is up-to-date for Flu and Tet (all mares), Virus Abortion (in foal mares only) and we recommend that in foal mares are vaccinated for Rotavirus.
- NO MARE WILL BE COVERED unless the required Coggins/EVA /CEM certificates, passport and signed contract are provided in advance.

EVERY CARE TAKEN BUT NO RESPONSIBILITY ACCEPTED FOR ACCIDENT OR DISEASE.

Signature:

Date: