



GEISEL PARK STUD

STALLION SERVICE BOOKING FORM

Application for Service to: ALL AMERICAN VERT DE GRECE

BROODMARE DETAILS:

Mare's Name: _____ Year of Birth: _____

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

Present Location of Mare: _____

Name of Vet: _____ Phone: _____

My mare is insured: Yes No If Yes, name of insurance agency / broker: _____

Vaccination History (Please supply date of last known injection)

Tetanus: _____ Strangles: _____ Duvaxyn: _____ Worming: _____

Walk On: Yes No Mare Return: Yes No Breeder Number: _____

OWNER & ACCOUNTS DETAILS:

Owner(s) Name/Manager: _____ ABN: _____

Postal Address: _____

Suburb: _____ State: _____ Post Code: _____

Mobile: _____ Telephone: _____ Fax: _____

Email: _____

Emergency Contact: _____ Phone No: _____

HISTORY OF BROODMARE

Season	Served by	Last Service Date	In Foal YES / NO
2017			

If mare is a maiden, please provide date retired from racing and / or reasons:

If mare missed or slipped in 2017 or previously, give reason (if known):

Please specify any unusual characteristics of the mare which GPS should be aware of:

SPECIFIC INSTRUCTIONS FROM OWNER

Please do not serve my mare after: _____

Signature of Mare Owner (or Agent)

Signature

Print Name

Date