

2010 Rebreed From 2009 Season ~ Stallion: Repeated in Red ~ Mare Information Sheet

Mare Rebreed Information:

Reason for Rebreed - <i>Check One:</i>	<input type="checkbox"/> Rebreed for Live Foal Guarantee	<input type="checkbox"/> Rebreed for Color Guarantee
Mare Breeding Option - <i>Check One:</i>	<input type="checkbox"/> Mare to be bred via Shipped Cooled Semen	<input type="checkbox"/> Mare to be bred on Farm at DeGraff Stables
Mare to Participate in Kentucky BIF Program <i>Check One:</i>	<input type="checkbox"/> YES (6% Sales Tax Will Apply) <input type="checkbox"/> NO	Expected Date for Arrival to Farm:
Owners Statement-Reason for Rebreed & Attach Vet Cert for LFG:		
<i>Check One:</i> Mare is a substitute <input type="checkbox"/> YES <input type="checkbox"/> NO If mare is a substitute; Name of Original Mare Bred:		
Mare Status - Mare IS: <input type="checkbox"/> Maiden OR, <input type="checkbox"/> Open for this season OR, <input type="checkbox"/> Expecting/has a 2009 foal		
Maiden/Open Mares Require Neg. Culture & Cytology within 30 days: ___ Diagnostics Enclosed/Attached ___ Diagnostics to be Provided Prior to Shipping/Breeding		
Mare will be bred for Embryo Transfer: <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Advise Quantity Embryos Desired: _____ and, Will Mare Also Carry Foal? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Mare Information:

Mare Name:			
Association ID# of Mare:	<input type="checkbox"/> AQHA <input type="checkbox"/> APHA <input type="checkbox"/> ApHC	2 nd Assoc. ID#	<input type="checkbox"/> AQHA <input type="checkbox"/> APHA <input type="checkbox"/> ApHC
Mare Owner or Lessee:			
Association ID# of Owner:	<input type="checkbox"/> AQHA <input type="checkbox"/> APHA <input type="checkbox"/> ApHC	/ 2 nd Assoc. ID#	<input type="checkbox"/> AQHA <input type="checkbox"/> APHA <input type="checkbox"/> ApHC

Mare Owner/Lessee Information:

Billing Name:			
Billing Address:			
City, State/Province, Zip:			
Daytime Phone:		Evening Phone:	
Fax Number:		Cell Phone:	
e-mail address:			

Credit Card Information & Authorization:

EXACT Name on Card:	
Card Billing Address is: <input type="checkbox"/> Same as Above OR, Address:	
City, State & Zip:	
VISA or Master Card #:	
Expiration Date:	3 Digit Number on Back of Card:

Fees and Discounts For Rebreed:

\$ 250	Rebreed Fee for Live Foal Guarantee - Includes First Collection
\$	Rebreed Fee for Color Guarantee - If Applies
\$	Other:
\$	Total Fees
\$	6% Sales Tax for Kentucky Breeders Incentive Fund; If Applies <input type="checkbox"/> 6% Sales Tax Applies <input type="checkbox"/> 6% Does Not Apply
\$	3% Credit Card Convenience Fee for Visa/MC Payments, If Applies <input type="checkbox"/> 3% CC Fee Applies <input type="checkbox"/> 3% Does Not Apply
\$	Total Breeding Fee - <input type="checkbox"/> YES, Please Charge My Credit Card Or, <input type="checkbox"/> No, Do Not Charge My Card, I Will Pay by Check

For Breeding Via Shipped Semen:

Address for Delivery of Shipped Semen:		Saturday Delivery Address (If Different):	
Facility:		Facility:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Is This a Residential Address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is This a Residential Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
***Approximate Date of First Shipment or Mare Arrival at Farm:		*Do you want a signature release for shipments? <input type="checkbox"/> Yes <input type="checkbox"/> No *Will allow Fed-Ex to deliver without a signer	
Contact:		Alt Contact:	
Contact Ph:		Alt Contact Ph:	
Contact Cell:		Alt Contact Fax:	
Contact Fax:		Alt Cell:	
Closest Airport:		Airport 2nd Choice:	

Note: Please be sure to send a copy of Mare's current registration papers with this form.