

Kentuckiana Farms
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**2020 MUSCLE MASS
STALLION SERVICE APPLICATION
(STANDING IN ONTARIO)**

Please indicate whether this is a pay or share breeding: _____ Pay _____ Share (Share # _____)

Name of Mare _____ Tattoo No _____ Color _____ YOB _____

Race record of mare _____ Earnings _____ Sire of Mare _____

Dam of Mare _____ Sire of Dam _____

Owner(s) of Mare _____ Telephone Office(____) _____

Telephone Home (____) _____

Percent Owned _____ Telephone Fax (____) _____

Address _____

Postal or Street

City or Town

Province or State

Postal Code

Email Address: _____

Billing Address: (Please provide address for all owners)

BREEDING STATUS

Was mare bred in 2019? Yes _____ No _____ To: _____

Result: Maiden-Barren-Aborted-In Foal Due date: _____

(PLEASE CIRCLE)

Was mare bred in 2018? Yes _____ No _____ To: _____

Result: Barren-Live Foal (PLEASE CIRCLE)

Does mare have any fertility or foaling problems? If yes, please explain:

Will mare be bred by semen transport? _____ If yes, where will semen be sent? _____

Phone: _____

Approved _____ By _____

Denied _____ By _____

It is very important that all ownership, billing and mare information is filled out completely. This will help in the processing of your application.