Cheveley Park Stud Limited

For Office Use

DETAIL OF MARE FORM 2024 INCORPORATING HBLB MARE CERTIFICATE

VISITING:

Please Indicate which stallion the mare is visiting

Mare Details			
Name of Mare	Colour	Year Of Birth	
By Out Of	By	Out Of	
Passport Number	Microchip Nu	ımber	_
Mare Status Maiden / Barren / Rested / Foaling / Fo	paled Foal Details	Filly / Colt D.O.B.	
Notes for Stud Groom:			_
Resident Stud	Boarding Stud	1	
Telephone Number Email Address	Telephone Nur Email Address		
Veterinary Surgeons Name: and Telephone Number			
, , , , , , , , , , , , , , , , , , , ,			
Ownership Details Owners Name & Address		& Address (if different)	
Telephone No Email Address		n partnership please state the names and addresses of this form	<u>of</u>
HBLB Mare Certificate And Breeding Record			
2023 Covered by	Last Service Date	Final Status	
2022 Covered by	Colour / Sex	Notes	
2021 Covered by	Colour / Sex	Notes	
Attach information including the results of positive bacteriological extended information Hereit and the second of the second o	·		
Has the mare ever had 'Virus Abortion'? Have any mares on your stud been affected with 'Virus A	Yes/No bortion'? Yes/No	When When	
Has the mare been in contact with any notifiable infectiou		When	
Has the mare been vaccinated with Tetanus Toxoid and Fl		(within 6 months of anticipated cover)	
Has the mare had a Pneumabort K / EHV 1&4 vaccine?	Yes/No	(within 6 months of underputed cover)	,
Has the mare been out of mainland Britain within the last		Where / When	
Please give details of Coggins Blood Test Taken on			
Please give details of EVA Blood Tests Taken on		& *(*if originating from abroa	ıd)
Was the mare bought at a public auction during the last ye	ear? Yes/No	Sale	
Mares arriving from GERMANY or ITALY with a foal at 14 days	<u>foot</u> require one negative after arrival in the UK	e EIA blood test taken from the foal a minimum o	f
** If the mare has been in contact with Non Thoroughbred Bred		under NSFA Regulations please attach details to this form	<u>ı</u> *:
Signature of Owner/Agent	Name (please print)	Date	

Partnership Details

This information will be used for billing purposes

Name	Address	Billing Percentage