



STALLION INFERTILITY
(Accident, Sickness, and Disease)

This document forms part of the Animal Mortality Application

Producer's Name _____ Agency Code _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____
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Check one: New Renewal Endorsement Policy Number (If available) _____

Name of Horse: _____ Registration Number: _____

Breed: _____ Date of Birth: _____

Sire: _____ Dam: _____

1. Dates of Service Season: Beginning _____ Ending _____
 2. Is Stud Fee on "no foal-no fee" basis Yes No
 3. Is service Live Cover A.I.
 4. Number of mares settled*: _____
 5. Number of foals born: _____
- *Coverage not available for stallions in their first breeding season.

Stallion Records

Current Season					
Number of Mares Bred			Number of Mares Booked		
Total Number	Stud Fee	Amount Earned	Total Number Remaining	Stud Fee	Projected Earnings
\$	\$	\$	\$	\$	\$

Last Season			Next Season		
Number of Mares Bred			Number of Mares Booked		
Total Number	Stud Fee	Amount Earned	Total Number	Stud Fee	Projected Earnings
\$	\$	\$	\$	\$	\$

Does this stallion have any problems, medical or otherwise, that have affected or could affect breeding?..... Yes No
 If Yes, complete the section below:

<u>Date</u>	<u>Description of Problem</u>	<u>Description of Treatment</u>	<u>Problem Resolved</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, how can this be verified?</small>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, how can this be verified?</small>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, how can this be verified?</small>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, how can this be verified?</small>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, how can this be verified?</small>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, how can this be verified?</small>

Must also complete and attach Breeding Soundness Evaluation (LS 16 27).

Applicant declares the above statements are true and complete, and that no material information was withheld.

Applicants Signature _____ Date _____