

## APPLICATION FOR COVERAGE 2022

In accordance with the mating conditions of the Kronshof, which I hereby expressly recognise, I hereby register for the

☐ Insemination

☐ Pasture covering

with

☐ Draupnir

☐ Fenrir

☐ Mökkur

☐ Óðinn

☐ Órion

☐ Piltur

☐ \_\_\_\_\_

Following mare:

Name: \_\_\_\_\_

**FEIF ID:** \_\_\_\_\_

☐ FIZO – mark (if available): \_\_\_\_\_ ☐ not proofed

Delivery date of the mare: \_\_\_\_\_.\_\_\_\_.2022 at \_\_\_\_:\_\_\_\_ h

Maiden mare: ☐ yes ☐ no

Numbers of foals so far: \_\_\_\_\_

☐ Foal by her side, born on \_\_\_\_\_.\_\_\_\_.2022

Eczema care wanted: ☐ yes (€ 5,00/day) ☐ no

Special features: \_\_\_\_\_

Vaccinations: ☐ tetanus ☐ rabies ☐ influenza

☐ druse

☐ herpes

**When using the insemination centre:**

☐ mare comes to Kronshof ☐ mare will be inseminated at home

**The results of the swab test and the CEM test will be brought to the Kronshof together with the horse passport when the mare is delivered!**

☐ mare comes for re-breeding

The registration fee (Details on the respective stallion page)

☐ lies with ☐ was transferred on \_\_\_\_\_.\_\_\_\_.\_\_\_\_\_

Name of mare owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telefon/mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

☐ I have read and agree to the Kronshof mating conditions.

Date: \_\_\_\_\_.\_\_\_\_.\_\_\_\_\_ Signatur: \_\_\_\_\_

The covering fee and additional costs include 7 % VAT.