

## APPLICATION FOR COVERAGE 2024

In accordance with the mating conditions of the Kronshof, I register for

- Mökkur (Insemination)                       Óðinn (Insemination)  
 Reynir (Insemination)                       Spaði (Insemination)  
 Draupnir (Insemination – 02.05.-23.07.)  Vísir (Insemination)  
 Draupnir (Pasture – 29.07.-14.09.)  
(mares have to arrive on 28<sup>th</sup> July at the latest)

Following mare:

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

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

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

Delivery date of the mare: \_\_\_\_\_.\_\_\_\_.2024 at \_\_\_\_:\_\_\_\_ h

Foal by her side, born on \_\_\_\_\_.\_\_\_\_.2024

Eczema care wanted:  yes (Charge according to expenditure)  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  
(Please attach the non-pregnancy form)

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 stud conditions.

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

The covering fee and additional costs include 7 % VAT.  
The application for coverage will only be confirmed upon receipt and payment of the corresponding down payment invoice.