

# NOMINATION AGREEMENT - DETAILS OF MARE

**DETAILS OF PROPOSED MARE** visiting Stallion FINSCEAL FIOR for season 2021.

NAME \_\_\_\_\_ COLOUR \_\_\_\_\_ YEAR OF BIRTH \_\_\_\_\_  
BY \_\_\_\_\_ OUT OF \_\_\_\_\_ BY \_\_\_\_\_

PASSPORT NO: \_\_\_\_\_ (PASSPORT OR COPY MUST ACCOMPANY MARE)

**SWABS: CEM, EVA AND EIA CERTIFICATES MUST ACCOMPANY MARE**

**STATUS:** Maiden  Barren  In Foal  Maiden Foaler

In foal to: \_\_\_\_\_ Last Service Date: \_\_\_\_\_

**PREVIOUS BREEDING RECORD:**

2018 \_\_\_\_\_

2019 \_\_\_\_\_

2020 \_\_\_\_\_

Has this mare ever

1. Been stitched? Yes  No  Do you object to this mare being stitched by our vet? Yes  No
2. Produced a jaundiced foal? Yes  No  If Yes, When? \_\_\_\_\_
3. Produced / Slipped twins / Slipped foal Yes  No  If Yes, When? \_\_\_\_\_
4. Been at public sale during the last year? Yes  No
5. Has she ever had or been in contact with any infectious / contagious diseases?  
e.g. EVA VIRUS ABORTION, STRANGLES, etc. Yes  No  If Yes, When and Where? \_\_\_\_\_
6. Been vaccinated against (a) Virus abortion Yes  No  Dates \_\_\_\_\_  
(b) Influenza and tetanus Yes  No  Dates \_\_\_\_\_
7. Do you wish Green Hills Stud to foal this mare? Yes  No  Expected date of arrival \_\_\_\_\_
8. Any other relevant information that may assist the stud ie. behavioural patterns during teasing, covering, foaling, or with any other mares / foals

**NAME OF REGISTERED MARE OWNER:** \_\_\_\_\_

**ADDRESS OF OWNER:** \_\_\_\_\_

**TEL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

I hereby confirm the acceptance of one nomination to the stallion Finsceal Fior for the season 2021 at a Service Fee of \_\_\_\_\_ 1st October in respect of my mare \_\_\_\_\_ under the terms and conditions set out above and attached.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NB. Every care will be taken with your Mare(s) / Foal(s) but no responsibility is accepted for any accident, disease, injury or death to your Mare(s) / Foal(s) whilst visiting the stud.

24 hour Client / Agent Emergency Contact telephone number \_\_\_\_\_

**PLEASE RETURN COMPLETED AND SIGNED FORM TO**

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