



**WEEMS & STEPHENS**  
EQUINE HOSPITAL, INC.  
EXCELLENCE IN EQUINE CARE



## **2021 Stallion Standing Application**

### **Owner Information**

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

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

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

### **Agent Information**

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

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

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

### **Stallion Information**

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

Breed: \_\_\_\_\_

Registration No: \_\_\_\_\_

Age: \_\_\_\_\_

**Length Of Stay:** \_\_\_\_\_

**# Mares to be bred:** \_\_\_\_\_

### **Special Needs**

Diet: \_\_\_\_\_

Turn Out: \_\_\_\_\_

Housing: \_\_\_\_\_

Exercise: \_\_\_\_\_