



Winterwood Farm

6421 State Route 13, Bellville, OH 44813

2026 BREEDING APPLICATION

Stud Barn Office 567-231-7630 • winterwoodohio@gmail.com

Stallion Fee:
\$ 4,000

Stockade Seelster

☐ Share # _____
☐ Paid Booking

Stallion Fee:
\$ 4,000

MARE Information

Name:	Year Foaled:	Tattoo:
Sire:	Dam:	Sire of Dam:
Record of MARE:	Earnings:	

Owner of MARE: (Person responsible for bills and service fee) If billing is different than 100%, please inform of all owners and appropriate percentages

Name:	Ownership %	
Billing Address:	Day Phone:	
City, State/Prov, Zip/Postal Code:	Evening Phone:	
Email:	Fax:	Cell Phone:

MARE's Breeding History

Mare is (*Please CHECK one*) ☐ Maiden ☐ Barren ☐ In-Foal **Last Bred Date:** ____/____/2025
Sire: _____

2024	Sire bred to:	2025 resultant foal:
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For RESULTANT FOAL (*above*), please list foaling date and sex of FOAL.

Does MARE have any fertility or foaling problems? ☐ No ☐ Yes ... if YES, please provide further details:

Semen Transport • Please indicate how mare will be bred (additional charges may apply)

☐ Semen Pickup	☐ Transient	Transient Farm:
☐ Shipped Semen	FedEx or UPS account # (REQUIRED):	
PHONE:	Shipping Address:	

COMPLETE CREDIT CARD and/or SHIPPING ACCOUNT INFORMATION REQUIRED for all semen transportation orders.

Type of Credit Card: ☐ Visa ☐ Mastercard ☐ other _____	Name as it appears on Card:	
Credit Card Number:	Expiration Date:	CV code: ____
Card Holder Signature	Billing Address & Zip Code for Card:	

MANDATORY PREPAYMENT by Credit Card, Cash or Check is **DUE** at the **TIME SEMEN IS ORDERED**.

Winterwood Farm and/or Stockade Seelster ownership shall not be liable for, and is hereby released from, liability with respect to any injury, disease or death resulting from breeding or boarding. Winterwood Farm and/or Stockade Seelster ownership reserves the right to reject any equine physically unfit and to have veterinarian tests / medical attention given, as deemed necessary. Breeding fees are due and payable when mare has a live foal (which stands and nurses without assistance), or changes ownership, whichever comes first. All owners of the mare and agents of the owners shall have joint and several liability for all amounts due under this agreement. Overdue accounts will be charged a late fee at a rate of 2% per month.

Owner's Name (*please print*): _____ Signature _____ Date: _____

Approved by (*stallion representative*): _____ Signature _____ Date: _____

THIS IS ONLY AN APPLICATION. YOUR MARE IS NOT BOOKED UNTIL APPROVED ABOVE.