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_____ **Stable Roster for Staking**

Client Info.	Client Name: _____	Please mark best means of contact:	<input type="checkbox"/> Home: _____
	Street Address: _____		<input type="checkbox"/> Business: _____
	City, State, Zip: _____		<input type="checkbox"/> Fax: _____
	e-mail: _____		<input type="checkbox"/> Cell: _____

Horse #1	Registered Name: _____		Sex & Gait: _____	Sale & Hip #: _____	
	Year of Foaling: _____	Sire: _____		Dam: _____	
	Owner(s): _____	Percentage: _____	Owner(s): _____	Percentage: _____	
	Owner(s): _____	Percentage: _____	Owner(s): _____	Percentage: _____	
	Trainer Name: _____			Trainer Phone Number: _____	

Horse #2	Registered Name: _____		Sex & Gait: _____	Sale & Hip #: _____	
	Year of Foaling: _____	Sire: _____		Dam: _____	
	Owner(s): _____	Percentage: _____	Owner(s): _____	Percentage: _____	
	Owner(s): _____	Percentage: _____	Owner(s): _____	Percentage: _____	
	Trainer Name: _____			Trainer Phone Number: _____	

Horse #3	Registered Name: _____		Sex & Gait: _____	Sale & Hip #: _____	
	Year of Foaling: _____	Sire: _____		Dam: _____	
	Owner(s): _____	Percentage: _____	Owner(s): _____	Percentage: _____	
	Owner(s): _____	Percentage: _____	Owner(s): _____	Percentage: _____	
	Trainer Name: _____			Trainer Phone Number: _____	

Horse #4	Registered Name: _____		Sex & Gait: _____	Sale & Hip #: _____	
	Year of Foaling: _____	Sire: _____		Dam: _____	
	Owner(s): _____	Percentage: _____	Owner(s): _____	Percentage: _____	
	Owner(s): _____	Percentage: _____	Owner(s): _____	Percentage: _____	
	Trainer Name: _____			Trainer Phone Number: _____	

Horse #5	Registered Name:		Sex & Gait:	Sale & Hip #:		
	Year of Foaling:	Sire:		Dam:		
	Owner(s):		Percentage:	Owner(s):		Percentage:
	Owner(s):		Percentage:	Owner(s):		Percentage:
	Trainer Name:			Trainer Phone Number:		

Horse #6	Registered Name:		Sex & Gait:	Sale & Hip #:		
	Year of Foaling:	Sire:		Dam:		
	Owner(s):		Percentage:	Owner(s):		Percentage:
	Owner(s):		Percentage:	Owner(s):		Percentage:
	Trainer Name:			Trainer Phone Number:		

Horse #7	Registered Name:		Sex & Gait:	Sale & Hip #:		
	Year of Foaling:	Sire:		Dam:		
	Owner(s):		Percentage:	Owner(s):		Percentage:
	Owner(s):		Percentage:	Owner(s):		Percentage:
	Trainer Name:			Trainer Phone Number:		

Horse #8	Registered Name:		Sex & Gait:	Sale & Hip #:		
	Year of Foaling:	Sire:		Dam:		
	Owner(s):		Percentage:	Owner(s):		Percentage:
	Owner(s):		Percentage:	Owner(s):		Percentage:
	Trainer Name:			Trainer Phone Number:		

Horse #9	Registered Name:		Sex & Gait:	Sale & Hip #:		
	Year of Foaling:	Sire:		Dam:		
	Owner(s):		Percentage:	Owner(s):		Percentage:
	Owner(s):		Percentage:	Owner(s):		Percentage:
	Trainer Name:			Trainer Phone Number:		

Horse #10	Registered Name:		Sex & Gait:	Sale & Hip #:		
	Year of Foaling:	Sire:		Dam:		
	Owner(s):		Percentage:	Owner(s):		Percentage:
	Owner(s):		Percentage:	Owner(s):		Percentage:
	Trainer Name:			Trainer Phone Number:		