

## BREEDING SHED FORM

**THIS BREEDING SHED FORM MUST ACCOMPANY MARE EACH TIME SHE IS PRESENTED FOR BREEDING**

DATE: \_\_\_\_\_ BREEDING SESSION (A.M.or P.M) \_\_\_\_\_

STALLION: \_\_\_\_\_

MARE: \_\_\_\_\_ AGE/COLOR: \_\_\_\_\_

**PLEASE CHECK BEGINNING STATUS: ( ) FOALING ( ) BARREN ( ) MAIDEN ( ) IMPORTED FOR 2017 SEASON**

• **ALL MARES MUST ARRIVE WITH PROPER IDENTIFICATION (HALTER NAMEPLATE OR NECK STRAP WITH NAME) IN ORDER TO BE BRED. BEAU RIDGE FARM WILL NOT PROVIDE ID MATERIALS.**

• **All cultures must be over 48 hours old, but, less than 30 days old. Cultures must be taken from current heat cycle.**

• **Hind shoes need to be removed before coming to the shed or mare will be sent home.**

Please **CIRCLE** the appropriate requirements for this trip and attach the required documents. **THE MARE WILL NOT BE BRED WITHOUT THESE DOCUMENTS.**

	1 <sup>st</sup> TRIP	2 <sup>ND</sup> TRIP	3 <sup>RD</sup> TRIP	4 <sup>TH</sup> TRIP &	DOUBLE
<b>DOMESTIC MAIDEN:</b>	Shed Form Uterine Culture Jumped	Shed Form	Shed form Uterine Culture	Shed form Uterine Culture	Shed Form
<b>DOMESTIC BARREN:</b>	Shed Form Uterine Culture Jumped	Shed Form	Shed form Uterine Culture	Shed form Uterine Culture	Shed Form
<b>DOMESTIC FOALING:</b>	Shed Form Uterine Culture Jumped	Shed Form	Shed form Uterine Culture	Shed form Uterine Culture	Shed Form
<b>IMPORTED MAIDEN:</b>	Shed Form Uterine Culture *2 CEM Cultures *1 set to include Endometrium Swab	Shed Form	Shed form Uterine Culture	Shed form Uterine Culture	Shed Form
<b>IMPORTED BARREN:</b>	Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture	Shed Form	Shed form Uterine Culture	Shed form Uterine Culture	Shed Form
<b>IMPORTED FOALING:</b>	Shed Form Quarantine Release Endometrium CEM Culture	Shed Form Uterine Culture	Shed form	Shed form Uterine Culture	Shed Form Uterine Culture

DO WE HAVE PERMISSION TO TRANQUILIZE THIS MARE IF NECESSARY? CHECK ONE: YES \_\_\_\_ NO \_\_\_\_

\*\* Please tell us if this mare has any characteristics or conditions that our breeding shed needs to be aware of (for example, difficult to handle, sight impairments, etc.): \_\_\_\_\_

Farm: \_\_\_\_\_ Farm Manager or Person Completing this Form: \_\_\_\_\_

Farm Office Telephone: \_\_\_\_\_ Cell Phone or Pager: \_\_\_\_\_

Name of Farm Veterinarian: \_\_\_\_\_ Veterinarian's Phone: \_\_\_\_\_